

COUNTY BOROUGH OF BRIGHTON.



# ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL

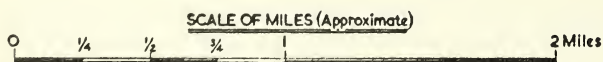
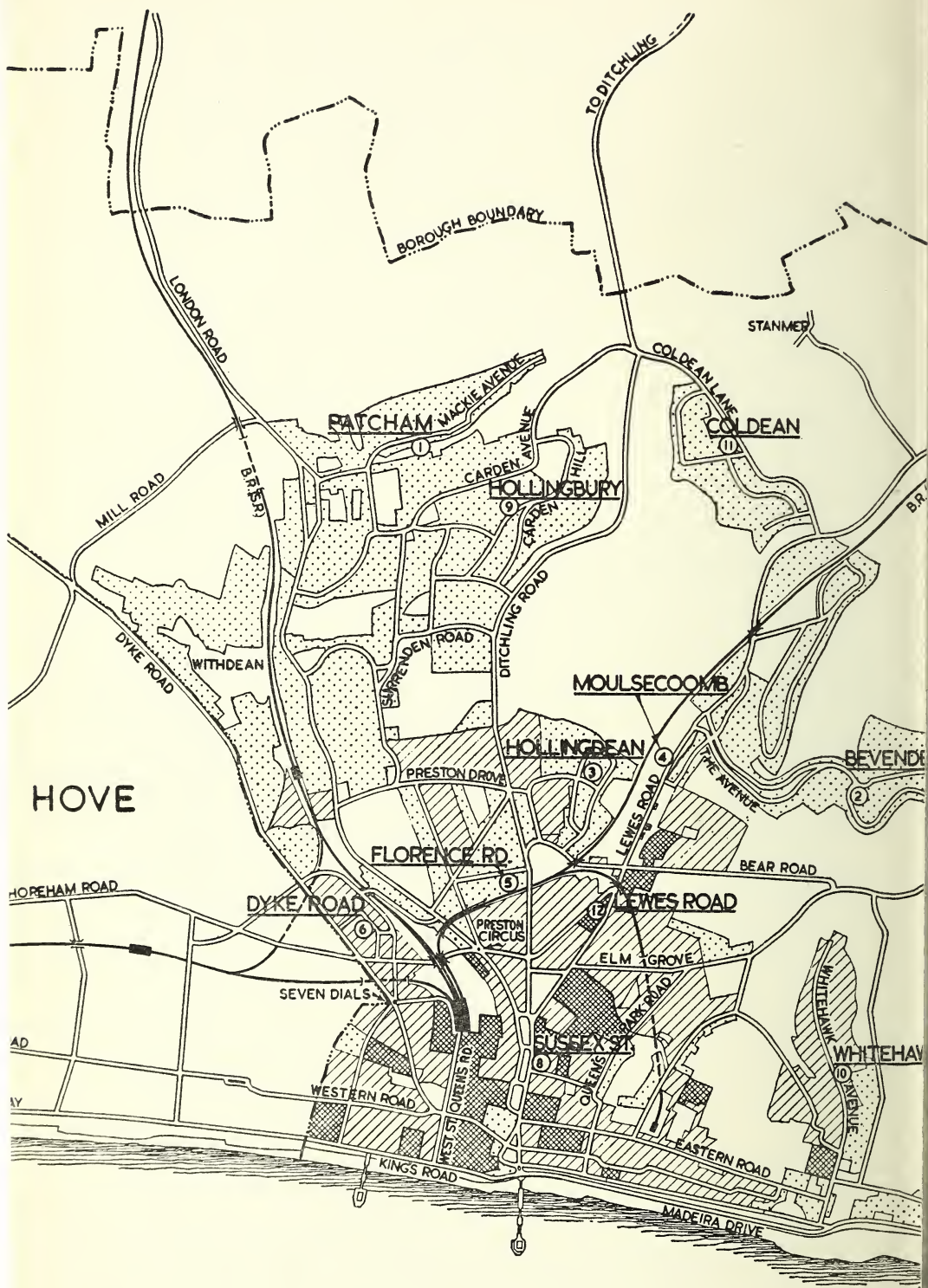
SCHOOL MEDICAL OFFICER

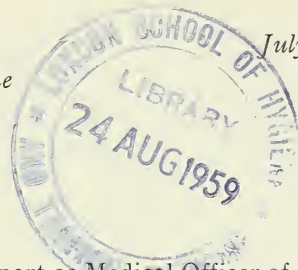
FOR THE YEAR 1956

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W. S. PARKER, M.B., Ch.B., M.R.C.S., L.R.C.P., D.I.H., D.P.H.

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July, 1957.

*To the Mayor, Aldermen and Councillors of the  
County Borough of Brighton.*

LADIES AND GENTLEMEN,

I have the honour to present my Annual Report as Medical Officer of Health.

This is a record of the health of the town and its people, set out in a convenient form. For easy reference I have included some of the more elementary and important information in diagrams.

Improvements in the health of the population can only be seen by contrasting the situation today with that of former times. The catchword of "the good old days" should be qualified by adding "for some". In the days of Good Queen Bess, our first Queen Elizabeth, people lived to an average age of 19. Today the average age at death is over 70. At that time one mother died in childbirth for every four children born. This year I have recorded only one maternal death in some two thousand deliveries, and last year there were no maternal deaths: taken together these show an improvement since those days of yore of one thousand times the chance of survival. For all practical purposes there is now no hazard in childbirth for a woman in normal health who has normal attention. Even in the last years of Queen Victoria, five times as many babies died before their first birthday as do so today. The statistics herewith are not mere printed figures: they are the facts of life and death that happened in your town in 1956.

One item which has improved in the last year and which I trust is not a chance happening is that the deaths of illegitimate children under the age of one are at about the same rate as those of children born in wedlock. This means that the child care of unmarried mothers is greatly improved and is approaching that in the ordinary family. That improvement is a tribute to the educative work of your health visitors and to the work of your Health Department in general. I would ask that this figure is carefully watched in future years. I do not know if we can maintain this year's figure: no effort will be spared to do so.

The general infant mortality figure remains lower than the national average. It will be seen that most of the deaths occur in the first weeks of life. This peri-natal period is a time for special measures of child care. The problem is a social one and one also of health education. It can only be properly tackled by preventive action in the months before the baby is born.

Poliomyelitis vaccination began in May, 1956. The priority groups of those children whose parents applied for vaccination at once will be cleared in 1957; and more general vaccination of children can then be undertaken.

My first major recommendations on Slum Clearance have been made in the present year. My action has been taken in order to safeguard the health of the people. My recommendations affect the life and death of infants; the most elementary matters of household hygiene; family hazards of the spread of tuberculosis; the disabilities of the aged; the risks of home accidents and many other factors involving the public health. While I am conscious of the greatest possible personal consideration at all times by your Housing Committee, I feel there were advantages in the arrangement in former times that so fundamental a public health problem was handled on its own merits by your Health Committee without diversion by other considerations.



You will recall that for some five years I have submitted reports on the future work of Slum Clearance involving the re-housing of slum tenants. Whatever may be the legal delays I trust that as soon as approval for clearance is given the necessary alternative housing accommodation will be available. The people must be got out of their dreadful circumstances. If my recommendations are thought to be merely an opportunity of obtaining cheap building sites for development without consideration for the rapid re-housing of the diseased and distraught then my efforts to secure the preservation of health of your slum dwellers will be reduced to a farce.

### Acknowledgement

I wish to acknowledge the work of the Health Department staff during the year and also the help of the heads of the various sections in preparing this report. I mention also the helpful collaboration of my fellow Chief Officers in the Municipal Service, in particular the Town Clerk.

In expressing appreciation of the co-operation received from the following, I am conscious of the help of many others who may not be mentioned.

The General Medical Practitioners of Brighton,

The staffs of the local Hospitals,

Mr. Dawes, Secretary of the Brighton and Lewes Hospital Management Committee,

Mr. Holden, Secretary of the Brighton Executive Council,

Dr. Jameson, Director of the Public Health Laboratory in Brighton,  
The Local Press.

I cannot conclude without thanking the Chairman of the Health Committee, Councillor J. J. Loughran, for his advice and encouragement and the members for their continuing interest and support during the year.

I have the honour to be, Ladies and Gentlemen,

Your obedient servant,

W. S. PARKER,  
Medical Officer of Health.

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## MEMBERS OF COMMITTEES ON 31st DECEMBER, 1956

### Health Committee:

HIS WORSHIP THE MAYOR  
(COUNCILLOR L. C. COHEN)  
ALDERMAN J. A. T. LEAK  
(resigned 19-12-56)  
" C. W. NEWMAN  
COUNCILLOR D. S. Y. BAKER, M.B.E.  
" G. B. BALDWIN  
" A. W. BRIGGS  
" P. H. BUXTON  
" Mrs. B. CARROLL  
" W. J. C. CLARKE  
" Mrs. J. A. EDWARDS  
" Mrs. V. G. HARMER

COUNCILLOR J. J. LOUGHRAN  
(Chairman)  
" H. NETTLETON  
(Chairman, Housing Committee)  
" W. R. NEWMAN  
" G. E. STYLES  
Miss E. HYSLOP  
Mr. C. C. TITCOMB  
Mr. T. REES MORGAN  
Dr. L. J. BEYNON  
Dr. D. ARCHDALE-SMITH  
Miss M. L. HAWKER

### Health Services Sub-Committee:

HIS WORSHIP THE MAYOR  
(COUNCILLOR COHEN)  
ALDERMAN LEAK (resigned 19-12-56)  
COUNCILLOR BALDWIN (Chairman)  
" BRIGGS

COUNCILLOR BUXTON  
" Mrs. EDWARDS  
" Mrs. HARMER  
" LOUGHRAN  
Miss HYSLOP

### Maternity and Child Welfare Sub-Committee:

HIS WORSHIP THE MAYOR  
(COUNCILLOR COHEN)  
COUNCILLOR BALDWIN  
" BRIGGS  
" BUXTON

COUNCILLOR Mrs. EDWARDS  
" Mrs. HARMER  
" LOUGHRAN  
Dr. BEYNON  
Miss HYSLOP

### Home Nursing Sub-Committee:

HIS WORSHIP THE MAYOR  
(COUNCILLOR COHEN)  
COUNCILLOR BALDWIN  
" BRIGGS  
" Mrs. CARROLL  
" Mrs. HARMER

COUNCILLOR LOUGHRAN (Chairman)  
Miss HYSLOP  
Mrs. AUSTIN SMITH  
Mr. THYER  
Miss WATTS

## PUBLIC HEALTH OFFICERS

W. S. PARKER, M.B., Ch.B., M.R.C.S., L.R.C.P., D.I.H., D.P.H., F.R.S.H., Medical Officer of Health.  
I. D. M. NELSON, M.B., B.Ch., B.A.O., D.P.H., Deputy Medical Officer of Health.  
ROSA MORRISON, M.B., Ch.B., D.P.H., Senior Assistant Medical Officer for Maternity and Child Welfare.  
MARGARET GORDON SPENCER, M.A., M.R.C.S., L.R.C.P., D.P.H., Assistant Medical Officer of Health.  
BERYL P. EADIE,† B.Sc., M.B., B.Ch., Assistant Medical Officer for Maternity and Child Welfare.  
HILARY MURDOCH,† M.B., B.S., M.R.C.S., L.R.C.P., C.P.H., Assistant Medical Officer for Maternity and Child Welfare.  
G. H. C. WALMSLEY, M.B., Ch.B., D.P.H., Chest Physician.  
R. F. WRIGHT,† B.Sc., A.R.C.S., F.R.I.C., Public Analyst.  
S. GOURLEY,† M.R.C.V.S., Veterinary Officer.  
R. S. CROSS,\* F.R.S.H., F.S.I.A., Chief Public Health Inspector.  
R. L. SCOTOW,\* Superintendent of Public Abattoir.  
Miss E. PATTERSON, R.S.C.N., S.R.N., S.C.M., H.V.Cert., Superintendent Health Visitor.  
T. RASMUSSEN, Executive Officer Mental Health Service.  
A. J. SUMPTER, Chief Ambulance Officer.  
Miss M. I. HUMPHERSON, Domestic Help Supervisor.  
Miss B. E. DAWSON, S.R.N., S.C.M., Matron Day Nursery.  
R. W. GRUTCHFIELD,\* Chief Clerk.

\* Holds Food Inspector's Certificate of Royal Society for the Promotion of Health  
† Part-time.



SLUM CLEARANCE



BOSTON STREET. HOUSES OVERSHADOWED BY HIGH RAILWAY BUILDINGS





## SLUM CLEARANCE



REAR OF BOSTON STREET AND NEW ENGLAND STREET.  
CONGESTION OF BUILDINGS AROUND SMALL ENCLOSED REAR YARDS





## SLUM CLEARANCE

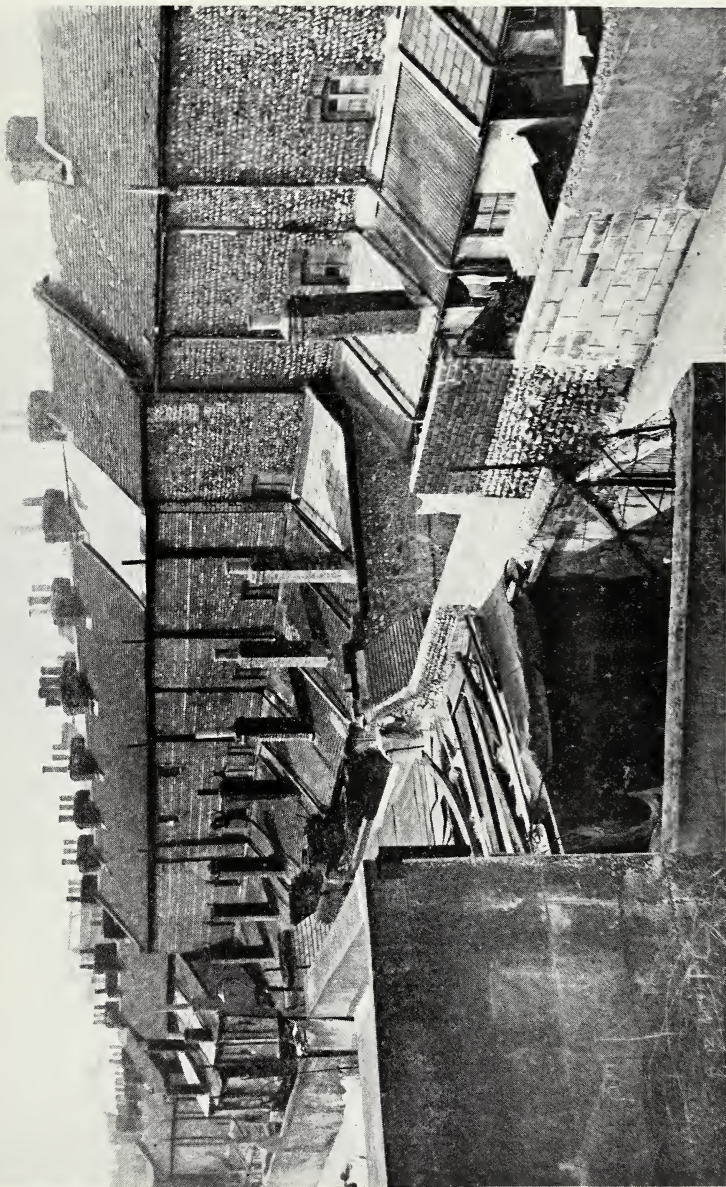


HOUSES IN ELDER ROW. A NARROW STREET, 9'0" IN WIDTH,  
WITH THE BACKS OF PROPERTIES IN ELDER STREET OPPOSITE





## SLUM CLEARANCE



REAR OF ALBION STREET. A TYPICAL ROW OF WORN-OUT HOUSES



## VITAL AND GENERAL STATISTICS, 1956

Home population, mid-year (Registrar-General's estimated figure) ...	158,700
Area (in acres) ...	14,613
Number of inhabited houses 31st December (rate books) ...	48,045
Rateable value ...	£3,692,789
Sum represented by a penny rate ...	£14,397

Marriages, 1,317. Rate per 1,000 population, 8.30

Live births:	Males	Females	Total	Birth rate per 1,000 population	Adjusted birth rate
Legitimate ...	995	881	1876		
Illegitimate ...	78	83	161		
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	1073	964	2037	12.84	13.61
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Area comparability factor (births) ...	1.06				

						Rate per 1,000 (live and still) births	Rate per 1,000 population
Still births	...	...	...	...	53	25	9.33
						<hr/>	<hr/>

						Crude rate per 1,000 population	Adjusted rate
Deaths	...	...	...	...	2,377	14.98	11.83
						<hr/>	<hr/>
Area comparability factor (deaths) ...	0.79						


Childbirth deaths:						Rate per 1,000 adjusted (live and still) births
Puerperal infections	...	...	...	—	1	
Others	...	...	...	—	1	
				—	1	0.5
				—	—	<hr/>

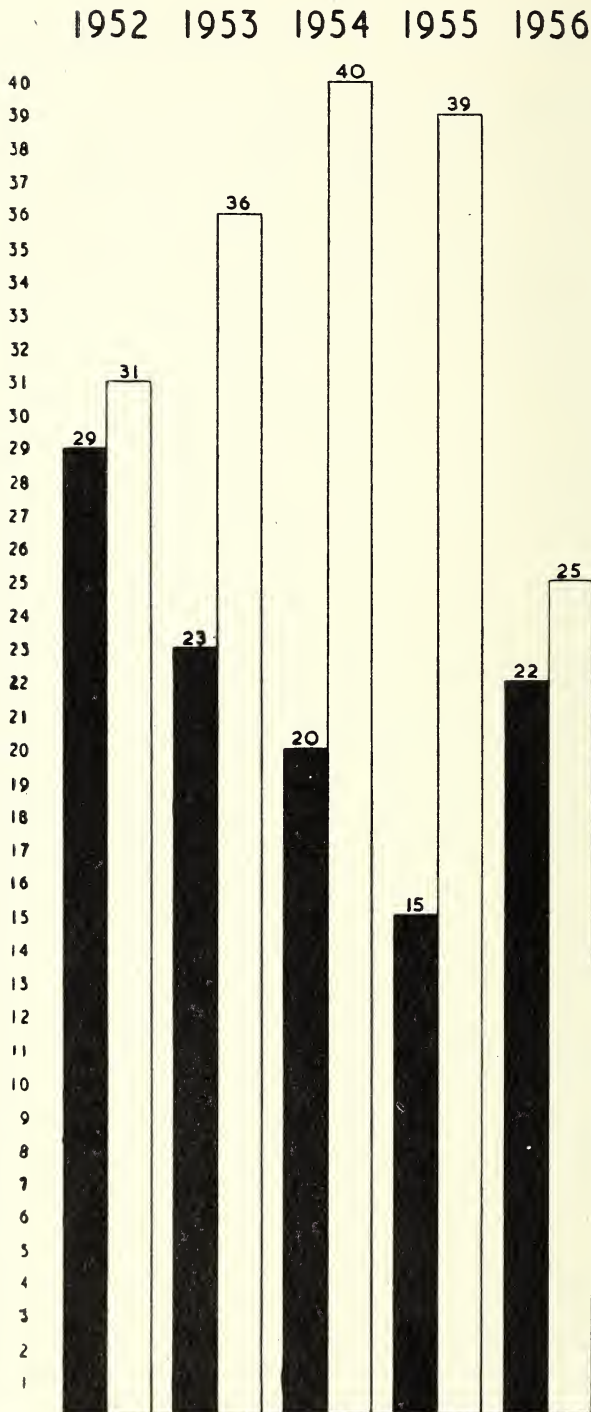
Deaths of infants under 1 year:						Rate per 1,000 adjusted live births
Legitimate	...	...	...	...	41	22
Illegitimate	...	...	...	...	4	25
					<hr/>	<hr/>
					45	22
					<hr/>	<hr/>

Deaths from cancer (all ages)	...	...	...	...	...	...	435
" " measles (all ages)	...	...	...	...	...	...	—
" " whooping cough (all ages)	...	...	...	...	...	...	—
" " diarrhoea (under 2 years of age)	...	...	...	...	...	...	—
" " diphtheria (all ages)	...	...	...	...	...	...	—

# DEATHS OF INFANTS

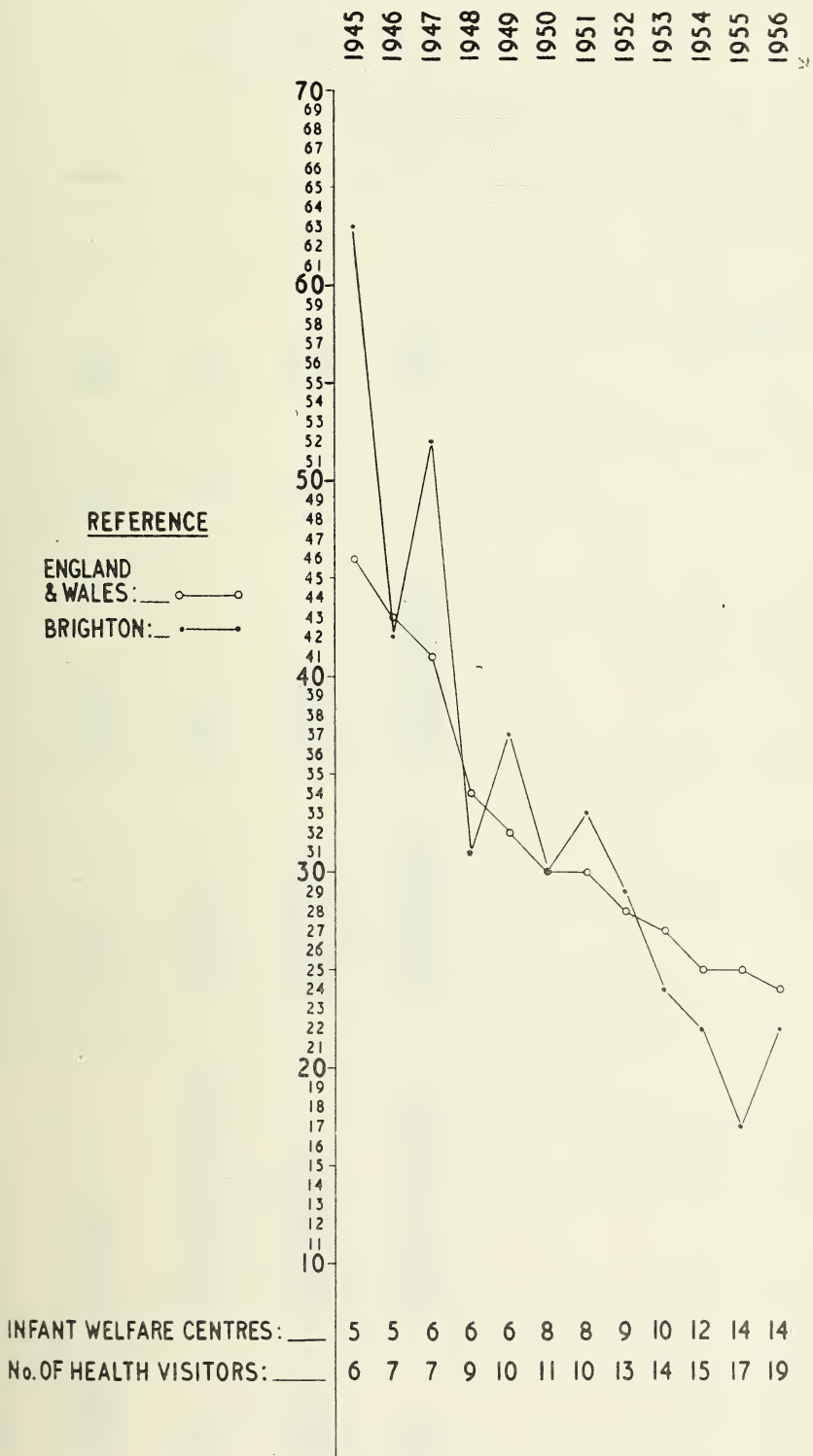
(RATE PER 1,000 ADJUSTED LIVE BIRTHS)

LEGITIMATE —   
ILLEGITIMATE — 





# INFANT MORTALITY



# INFANT MORTALITY

1952    1953    1954    1955    1956

MEASLES

0.5

WHOOPING COUGH

0.5

INFLUENZA, BRONCHITIS  
AND PNEUMONIA

2.9

2.4

1.5

1.5

2.0

GASTRO-ENTERITIS

0.5

1.5

1.0

0.5

BIRTH INJURIES,  
POST-NATAL ASPHYXIA  
AND ATELECTASIS

8.2

3.9

2.4

3.5

6.4

CONGENITAL  
MALFORMATIONS

7.2

6.9

5.3

3.0

4.9

OTHER DISEASES PECULIAR  
TO EARLY INFANCY AND  
IMMATURITY UNQUALIFIED

9.6

7.3

10.7

4.5

6.9

OTHER CAUSES

1.0

2.0

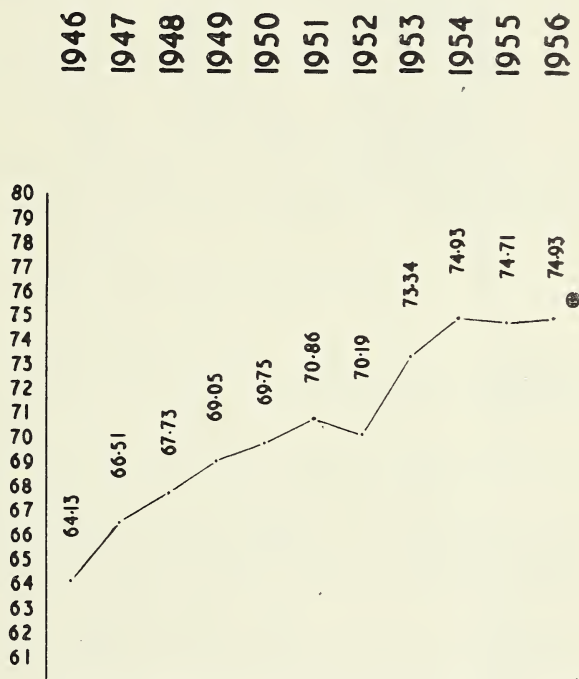
1.0

3.5

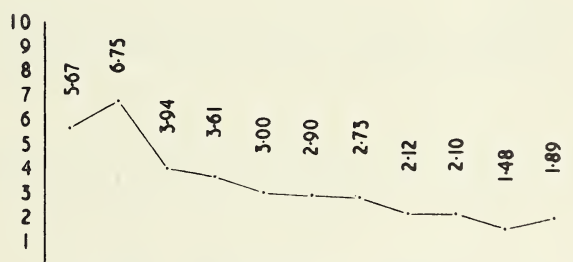
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# DEATH RATES CHANGES

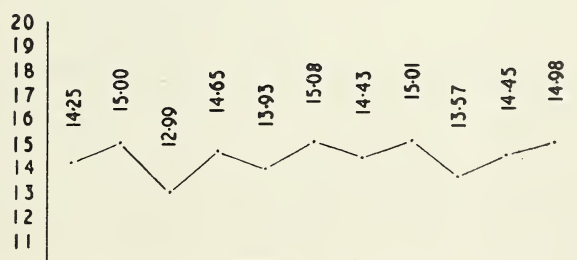
DEATHS  
65 YEARS AND OVER  
EXPRESSED AS  
PERCENTAGE OF  
TOTAL DEATHS:



DEATHS OF INFANTS  
EXPRESSED AS  
PERCENTAGE OF  
TOTAL DEATHS:



DEATH RATE:



## Diseases Notified during the Year 1956

NOTIFIABLE DISEASE	At all ages	Age Incidence						No. Removed to Isolation Hospital	No. of deaths during the year
		Under 1	1-3	3-5	5-10	10-15	15-25		
Scarlet fever ...	96	2	7	23	48	7	5	11	—
Whooping cough ...	221	16	53	62	83	4	1	32	—
Ac. poliomyelitis: paralytic... ..	9	1	1	1	2	—	—	8	1
non-paralytic ...	9	—	1	1	—	1	—	7	—
Measles ...	791	16	113	185	443	19	8	14	—
Diphtheria ...	—	—	—	—	—	—	—	—	—
Ophthalmia neonatorum	7	7	—	—	—	—	—	—	—
Puerperal pyrexia ...	48	—	—	—	—	—	27	2	—
Dysentery ...	449	9	55	46	182	42	35	24	—
Meningococcal infection	—	—	—	—	—	—	—	—	—
<hr/>									
		0-5      5-15      15-45      45-65      65+							
Smallpox ...	—	—	14	—	—	—	—	—	—
Ac. pneumonia ...	95	—	—	13	6	29	33	—	—
Ac. encephalitis ...	—	—	—	—	—	—	—	—	—
Enteric or typhoid fever	—	—	—	—	—	—	—	—	—
Paratyphoid fevers ...	7	—	1	1	3	2	—	3	—
Erysipelas ...	15	—	—	—	5	6	4	3	—
Malaria ...	2	—	—	—	2	—	—	2	—
Food poisoning ...	66	17	—	14	26	5	4	7	1
Tuberculosis ...	(see page 28)	—	—	—	—	—	—	—	—



## INFECTIOUS DISEASE AND EPIDEMIOLOGY

The following figures show the incidence of infectious disease notified to this department during the past year and it will be seen that, with the exception of dysentery, the numbers are generally less than those of the previous year.

Scarlet Fever ...	96 (121)	Whooping Cough ...	221 (397)
Poliomyelitis ...	18 (43)	Measles ...	791 (2548)
Ophthalmia			
Neonatorum ...	7 (15)	Puerperal Pyrexia	48 (30)
Acute Pneumonia	95 (82)	Dysentery ...	449 (86)
Paratyphoid ...	7 (11)	Erysipelas ...	15 (20)
Malaria ...	2 (2)	Food Poisoning ...	66 (75)

For the third successive year there were no cases of Diphtheria, nor were there any cases of Smallpox, Acute Encephalitis, Enteric Fever or Meningococcal Infection.

### OBSERVATIONS ON SPECIFIC INFECTIONS

#### *Acute Poliomyelitis*

There were 18\* confirmed cases of poliomyelitis, 9 of which were paralytic. One of the paralytic cases, a woman of 30 years, died fourteen days after being admitted to hospital.†

No cases of poliomyelitis were notified to this Department before July and the majority occurred during the last three months of the year.

This disease occurred as sporadic cases throughout the Borough and, with the exception of two young girls who, while living at a residential nursery, developed poliomyelitis within a few days of each other, no factors emerged from the investigations made that would relate any of the other cases.

N.B.—\*Another paralytic case occurred during the last week in December but was not notified to this Department until 1st January, 1957.

†Another patient infected in 1956 died in 1957.

#### *Paratyphoid*

Of the seven cases notified three occurred in one family, the remainder being sporadic cases. Three patients were removed to Foredown Hospital.

#### *Malaria*

Two cases of malaria occurred in the Borough—a married couple who had recently come from abroad. Both were removed to the Isolation Hospital where one died.

#### *Puerperal Pyrexia*

Forty-eight cases were notified to this department: all but three occurred in two of the Borough Hospitals.

#### *Food Poisoning*

During the year, 115 cases of food poisoning were notified but after investigation by the inspectors and examination of specimens by the Public Health Laboratory staff, the confirmed figure was 66.

In the two confirmed outbreaks, the agents identified were as follows:—

Salmonella typhi-murium ...	...	...	...	...	6
Clostridium Welchii ...	...	...	...	...	5

The agents for the individual cases were:

Salmonella typhi-murium ...	...	...	...	...	39
Salmonella Enteriditis ...	...	...	...	...	4
Salmonella Kentucky ...	...	...	...	...	4
Unidentified Agents ...	...	...	...	...	8

The following is a brief account of an outbreak of food poisoning that occurred at a local factory late in January, 1956.

19 employees reported one morning to their factory medical department that they were affected with diarrhoea and abdominal pains. The Public Health Department was quickly informed and officers of the department visited the factory.

From enquiries made it was found that 30 people had symptoms. A few of those who had not reported for duty that day appeared to be severely affected. The duration of symptoms was from 2—4 days. Specimens were obtained from five cases and sent to the Public Health Laboratory for examination. *B. Clostridium Welchii* was isolated in every case.

It was established that all patients had partaken of a common meal, namely, lunch served in the factory canteen some 9—18 hours before the onset of the illness. The only common foods consumed at that meal by all patients were Irish Stew and Mash Potatoes.

Unfortunately, no remnants or unconsumed portions of either of these food stuffs were available for bacteriological examination, neither was any of the Argentine lamb from which the stew was prepared, and therefore it was not possible to establish exactly which food was the vehicle of infection or how the food became contaminated. As this type of infection is normally associated with re-heated meat or meat dishes, a detailed enquiry into the preparation and serving of the Irish Stew was carried out. An assurance was given that the meat was prepared and cooked on the day of service and the only possible re-heating occurred when additional gravy, extracted from the stew pan was added to the individual plates just prior to service. Again no gravy was available for analysis.

From the enquiries and observations made, it was evident that food at the canteen is prepared under the most hygienic conditions and there was no reason to suspect that the canteen staff were negligent.

Although there was nothing to prove the point, the circumstantial evidence undoubtedly suggests that the Irish Stew was responsible for the outbreak.

A suspected outbreak of food poisoning occurred at a large hotel late in the autumn of 1956.

On investigation it was found that five people had become ill during the previous night, but the symptoms varied. One lady (the only person really ill) had severe vomiting and nausea, there being no diarrhoea or abdominal pains. The other four cases had mild diarrhoea and abdominal pains but no vomiting.

Specimens were sent to the Public Health Laboratory for examination and these later proved to be negative.

A visit was paid to the kitchens and the catering arrangements examined but there was found to be no cause for complaint there. The standard of cleanliness and the arrangements to prevent contamination were of a particularly high standard. The menus for the previous two days were examined but no particular item was considered suspect.

The evidence obtained was inconclusive and the case could only be recorded as one of suspected food poisoning of unknown origin.

In the early summer, the proprietor of a local processed meat factory notified the department that a number of pupils at a boarding school in the Borough had become ill and that his pork pies were said to be suspect.

On investigation it was found that eight boys and three members of the staff had been taken ill with vomiting and abdominal pains very late the previous evening. The majority of cases had one prolonged spasm of vomiting while a few had two or three spasms.

Although all those taken ill had consumed the suspected pies, it was found that some 200 pies had been eaten at one sitting and only eleven people subsequently became ill.

Faeces specimens and remains of a pie were sent to the Public Health Laboratory but all proved to be negative for pathogenic organisms. The final conclusion was that it was only coincidence in the apparent association with food and that the condition was epidemic vomiting, a disease transmitted by the respiratory route.

### *Sonne Dysentery*

An outbreak of sonne dysentery occurred in the Borough during the Spring and was confined mainly to schoolchildren, particularly those in the lower age group. The number of children affected was nearly 350 and involved a few of the older schools in the centre of the town.

Members of the Health Department staff visited the schools concerned and advised teachers and children on the necessity for ensuring that strict hand hygiene was adhered to at all times.

Disinfectant and paper towels were issued for use in schools where the disease was prevalent and it is considered that this measure did much to bring the outbreak to its sudden end.

### *Venereal Disease*

New local cases treated at the Brighton V.D. Treatment Centre during 1956 were as follows:

	M.	F.
Syphilis ... ..	13	7
Gonorrhoea ... ..	54	10
	67	17
Conditions other than V.D.	169	68

### *Verminous Cases*

Individual verminous cases cleansed numbered 318, as follows:

	Adults	Children	Total
Cleansing Centre ... ..	18	—	18
Welfare Services premises ... ..	10	—	10
School Clinic Annexe ... ..	—	290	290

## VACCINATION AND IMMUNISATION

### *Vaccination against Smallpox*

Record cards were received for 2,587 persons as follows:

	Under 1 year		1-4 years		5-14 years		Total under 15 years		15 years and over
	No.	Percent-age	No.	Percent-age	No.	Percent-age	No.	Percent-age	
Primary ...	386	19.11	531	6.91	44	0.20	961	3.05	53
Re-vaccination	—	—	10	0.13	58	0.27	68	0.22	476

*Immunisation* (diphtheria or diphtheria/whooping cough or diphtheria/whooping cough/tetanus).

<b>Primary</b>	Under 5 years		5-14 years		Total under 15 years	
	Combined or triple Antigen	Diphtheria only	Combined or triple Antigen	Diphtheria only	Combined or triple Antigen	Diphtheria only
By Council's Medical Officers	659	92	58	146	717	238
By General Medical Practitioners	621	13	26	16	647	30
	1280	105	84	162	1364	268
<b>Reinforcing</b>						
By Council's Medical Officers		176		1770		1946
By General Medical Practitioners		83		119		201
		259		1889		2147

Percentage immunised against diphtheria during year	16.95	9.79	12.00
---	-------	------	-------

In addition during the year 112 children received one injection but did not complete the course.

When a child is three months old a circular on vaccination and immunisation is sent to the parents. The Health Visitors visit those cases where the child has not been immunised against diphtheria: (1) when about 11 months old, and (2) between the ages of 13 and 15 months.

Children are immunised at the 14 Infant Welfare Centres and, in addition, a session for school children is held once a week at the School Clinic.

*Vaccination against poliomyelitis* commenced in May. The number of children who received two injections during the year was 400 (187 male, 213 female). Approximately 18,000 circulars were sent to parents and 3,578 signed the necessary consent forms.

The Children's Committee have not agreed to this protection being given to the children for whom they are responsible.

### DOMESTIC HELP SCHEME

Applicants are assessed as to contributions towards cost on a fixed scale. Those found ineligible to receive the services of a helper either had relatives, or other persons available, or no medical reasons for help existed.

Helpers (employed on hourly basis) at end of year	...	...	96
Hours worked by helpers	...	...	101,400
Applications for assistance received	...	...	1,182
Maternity cases given help	...	...	196
Acute sickness cases given help	...	...	180
Chronic sickness cases given help	...	...	44
Old age pensioners (not included above) given help	...	...	432
Tuberculosis cases given help	...	...	23

Total number of cases dealt with ... 875  
(Included in the above figures are 202 cases brought forward from 1955).

The Cleansing Centre has undertaken laundering in 24 cases where it was considered necessary either because of the lack of facilities at the home or the condition of the articles to be laundered.



## NURSING HOMES

The number of nursing homes on the register on 31st December, 1956, was as follows:

Maternity homes:	Other homes:	Combined maternity and other homes:
Nil.	19.	2.

All the occupied homes were visited during the year. The 21 on the register contained 4 beds for maternity cases and 272 beds for other cases.

## NATIONAL ASSISTANCE ACTS, 1948-1951

### AGED PERSONS

#### Section 47

After application by the Medical Officer of Health to the Magistrates for an order for compulsory removal in their own interest, six persons, three women and three men, were removed to suitable accommodation. The following are the brief details of the cases:

*Mr. K., aged 85 years—partially sighted and suffering from a cardiac condition.*

This old man was living alone in a squalid, dirty, little garret up three flights of stairs, furnished with the minimum furniture. He used candles and a paraffin stove for heating purposes. Breakfast and tea were supplied by a neighbour. He had no main meal.

The room was disinfested and fresh bedding supplied. *Mr. K.* was kept under the supervision of the Health Department and the Welfare Services Department for 14 months during which time he was assisted as far as possible to live on his own. A voluntary warden from the Welfare Services visited on alternate days. Meals-on-wheels were supplied and he was kept under close observation by the Old People's Health Visitor. A relative living some distance away visited monthly and tried to keep his clothes in order.

A few years previously this old man had spent one week in a Home for the Aged but found sharing a bedroom and the lack of privacy intolerable and so left and obtained the accommodation in which he was found. *Mr. K.* was an old soldier and had fought in the Boer War. He enjoyed going out and reading his daily newspaper and appreciated visitors and the company of others. During the first six months, *Mr. K.* was going out daily, visiting the barber's for his shave and hair-cut. Although mentally alert, he gradually deteriorated physically until he became almost bed-ridden and incontinent. There was a maximum danger of fire due to dropped cigarette ends and paraffin spilt over the floor. *Mr. K.* refused to consider entering a Home, but was removed and has now settled down.

*Mrs. C., aged 84 years—Suffering from malnutrition and the after effects of a stroke three years before. Speech affected. Slight paralysis of left side and tendency to arthritis.*

This old woman was living alone in a large old-fashioned house sub-let to other tenants. The premises had deteriorated and she was finally unable to find tenants for the rooms. Having quarrelled with her relatives, *Mrs. C.* became very depressed and when visited, was frightened and tearful.

A Home Help and Meals-on-wheels were supplied, but on many occasions the old lady became confused and forgot that she had agreed to accept the domiciliary services. This led to continuing embarrassment with the Home Help.

This old lady was assisted by the Services for a period of nine months but gradually she deteriorated both mentally and physically and became more

disorientated, and required help during the night as well as during the day-time. She was removed to a Welfare Home and improved with regular diet and care.

*Miss N., aged 77 years.*

This old woman lived alone in an unfurnished bed-sitting room up three flights of stairs. The room was squalid and dirty, inadequate bedding, and infested with fleas: heating from an old paraffin stove.

This old lady was ambulant and went out and spent her pension and National Assistance on alcohol, which she consumed in Public Houses in the area and also in her own room. She was suffering from malnutrition due to lack of a balanced diet and was incontinent on many occasions, thus soaking the bedding with urine.

The room was disinfested and fresh bedding and clothes were supplied. A rubber sheet for the protection of the new mattress was supplied and new linoleum for the floor was obtained. Meals-on-wheels were arranged and a Home Help attended once weekly, and then increased to twice weekly after the first 18 months. The old lady was co-operative to a certain extent and was assisted by means of these services and did show a slight improvement for a time. However, after two years, she began to fall about when out in the street was taken to the Royal Sussex County Hospital Casualty Department for an X-Ray after a fall. No serious injury was found. *Miss N* was then supplied with a daily Home Help, but two weeks later had another fall and was removed to a Welfare Home. She has since settled down quite well.

*Mr. O., aged 76 years—Cardiac with bronchitis.*

Old man living alone in an unfurnished room at the top of a house (two floors up). Became known to the Health Department through a fall and subsequent collapse in the street. He was treated in the Casualty Department of the Brighton General Hospital. The hospital offered him admission, but the old man refused the offer and returned home. The landlord and his wife lived on the premises and provided three meals each day, forfeiting their holiday in order to do so. The room was dirty and infested with fleas and bugs and the bedding and his clothes were filthy. He was not registered with a doctor, but agreed to do so when visited by the Health Visitor. He was up and dressed the next day after his fall.

The room was disinfested and also the bedding. The Welfare Services Department arranged to obtain fresh clothes by the means of a £10 voucher (from a clothing club into which he paid but which he had been unable to use owing to deterioration in health). *Mr. O.* was asked to consider admission to a Welfare Home. The landlord continued to give food as there were no cooking facilities in the room and he and his wife were anxious to help the old man.

*Mr. O.* was visited frequently by the Health Department for one month and then he was knocked down by a car while walking in the street. He received a cut on the head and was treated in the Casualty Department. He was again offered admission to hospital, but refused and returned home. The Public Health Inspectors found it impossible to disinfect properly while *Mr. O.* remained at home. As his condition was gradually deteriorating, an order was taken for removal to hospital where he died six weeks later suffering from empyema, lung abscess and cerebral arteriosclerosis.

*Mr. and Mrs. J., aged 88 and 81 years.*

Old couple found living in a ground floor flat. The husband was senile and the wife was ill with severe oedema of lower limbs. *Mr. J.* had been in bed for several months. His relatives had endeavoured to give help, but both old

people were antagonistic and extremely difficult and had refused help in any form. They had also declined medical attention, being rude and unpleasant to the doctor. When visited by the Health Department, *Mr. and Mrs. J.* were found in a bed which was filthy and soaked with urine as both old people were incontinent. Their diet for the last few weeks had been biscuits and bread and one pint of milk. The room was dirty and the floor was littered with rubbish. A pail of slops, unemptied for days, was by the side of the bed. Temporary action had to be taken at once pending an order for removal as neither was willing to accept other accommodation in hospital. The couple agreed to the domiciliary services being sent in and a Queen's Nurse attended. A fresh mattress was supplied and Welfare Services took in food. Three days later, *Mr. and Mrs. J.* were removed to hospital as intensive treatment was required. Arrangements were made by the Health Department for the clearance of rubbish and the flat was cleaned. Two weeks after admission to hospital, *Mr. J.* died, but *Mrs. J.* improved and was able to return home to her flat after ten weeks. A fresh start was made by all (including the relatives) and fresh clothes and bedding were supplied. The Home Help was provided three times weekly. The relatives assisted *re* laundry and general supervision.

*Mrs. J.* has now been at home fourteen months and is living in her flat quite happily. She is visited frequently by the Health Visitor, and the Home Help has now been reduced to twice weekly. The Queen's Nurse still attends twice weekly and *Mrs. J.* appears pleased with the assistance she receives and has become a pleasant old lady, living at peace with her relatives and looking forward to the prospect of a recuperative holiday in the latter part of the summer.

### INCIDENCE OF BLINDNESS

I am indebted to Mr. A. W. Spanswick, Director of Welfare Services, for the following information:

#### *A. Follow-up of Registered Blind and Partially Sighted Persons*

	CAUSE OF DISABILITY			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i) Number of cases registered during the year in respect of which Section F of Forms B.D.8 recommends:				
(a) No treatment... ..	14	10	—	18
(b) Treatment (medical, surgical or optical) ...	8	1	—	27
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment ... ..	4	1	—	27

In the above table the figures given relate to the primary ocular disease given on forms B.D.8, but in

(i) (a) Complications and sequelea are given in 13 cases, of which 5 are cataract, 3 are glaucoma and 5 others.

(b) Complications and sequelea are given in 14 cases, of which 3 are cataract, 1 is glaucoma and 10 others.

Of the 36 cases in (i) (b) 26 were already patients at an eye hospital and 25 continued to attend. Three others attended as recommended. One person received medical treatment in a general hospital and 1 from her own doctor.



One person completed the optical treatment recommended and 1 had a cataract operation and is now awaiting glasses. In 4 cases the surgical treatment was recommended only if the persons general condition improved.

The number of forms B.D.8 received in respect of persons certified as blind or partially sighted was 78.

#### *B. Ophthalmia neonatorum*

(i) Total number of cases notified during the year	7
(ii) Number of cases in which:	
(a) Vision lost ... ..	—
(b) Vision impaired ... ..	—
(c) Treatment continuing at end of year ...	—

## **EPILEPTICS AND SPASTICS**

### **1. Epilepsy**

During the year 83 cases of handicapped persons of all classes were investigated and included on the Register of Handicapped Persons. 15 cases were removed from the area or died. The total number of all classes registered at the end of the year was 285.

Eight new cases of Epilepsy were registered, three cases left the area and two died. The total number of epileptics included on the register at the end of the year was 21.

#### *Epileptic Colonies*

Six adults were maintained at various epileptic colonies by the Welfare Services Department. One child was maintained at the Lingfield Colony by the Education Department.

One young man had to be removed from a colony during the year because of anti-social behaviour. He was referred to the Mental Health Executive Officer. He has now been certified as a mental defective.

#### *Employment*

Only two cases are in fairly regular full-time employment. One woman has been encouraged to take up part-time domestic work, so far with reasonable success.

#### *Recuperative Holidays*

At the request of the Royal Sussex County Hospital arrangements were made for one woman to spend a fortnight's holiday in a suitable holiday home.

#### *Occupational Crafts*

Four people are receiving instruction at the Welfare and Craft Centre.

#### *Educational*

One girl continues to attend the Central Class for Handicapped Children. One boy has been admitted to a Special School.

#### *General*

During the year it became apparent that a considerable number of adult epileptics pass through the area. These have no fixed address but obtain employment in local hotels until their handicap is noticed, when they pass on to other towns. There are also regular 'casuals' who make no effort to obtain any employment.



## 2. Cerebral Palsy

At the end of the year 16 cases of cerebral palsy were included in the Register of Handicapped Persons.

One new case was included. This was a girl, previously considered ineducable, who had been under the supervision of the Mental Health Service. She was returned to her parent from a special home and was admitted to the Education Department's Central Class for Handicapped Children. A special commode chair was provided by Welfare Services.

### Part III Accommodation

The man referred to in last year's report as being on the waiting list for a spastic home has now been admitted to Prested Hall. Another woman is waiting for suitable Home accommodation.

### Education

One child remains at the Heritage Craft School and another has entered a special school. Four children attend the Central Class for Handicapped Children.

One boy has been boarded out, under the supervision of the Children's Department, and attends ordinary school.

## CARE OF MOTHERS AND YOUNG CHILDREN

The total number of live births registered was 2,037 of which 1,073 were males and 964 females. Included in the total are 161 illegitimate births. The birth rate was 12·84 per 1,000 of population.

There was 1 maternal death during the year.

The infant mortality rate was 22; the actual number of deaths being 45.

### MIDWIFERY

Hospitals and Nursing Homes	Number of Midwives Practising	Number of beds	Number of cases from Brighton		Total Number of cases		Number of cases in which analgesia administered	
			Doctor present	Doctor not present	Doctor present	Doctor not present	Gas & Air	Trilene
Brighton General ...	18	64	103	691	136	894		
Sussex Maternity ...	20	62	107	508	191	883		
Nursing Homes ...	1	4	4	—	6	—		
<b>TOTAL ...</b>	<b>39</b>	<b>130</b>	<b>214</b>	<b>1199</b>	<b>333</b>	<b>1777</b>		
<b>Domiciliary</b>								
Sussex Mat. Hosp.								
District Midwives	7		100	286			115	240
Municipal Midwives	2		51	70			101	12
Brighton District								
Nursing Association	3		26	33			38	2
Private Midwives ...	1		—	—			—	—
<b>TOTAL ...</b>	<b>13</b>		<b>177</b>	<b>389</b>			<b>254</b>	<b>254</b>

Seventeen pupils completed their district training in Brighton as part of a Part II midwifery course.

### Ante-Natal and Post-Natal Clinics

		Number of Brighton cases attended			
		Ante-natal	Attendances	Post-natal	Attendances
Brighton General Hospital	...	874	8229	610	610
Sussex Maternity Hospital	...	735	7867	711	1272
Municipal Clinic, Sussex Street	...	270	1126	29	31

Ante-natal relaxation and post-natal exercises are taught in all the clinics.

*Midwives Acts*

Under the Rules of the Central Midwives Board, 74 midwives notified their intention to practise within the Borough.

*Medical Aid and other notifications*

Number of domiciliary cases in which medical aid was summoned during the year by a midwife, 136.

## PREMATURE INFANTS

Arrangements are in force whereby the weights of all children born are entered on the notification of birth cards, where the weight is  $5\frac{1}{2}$  lb. or under, special visits are made and, where necessary, premature babies can be admitted to the Maternity wing of the Brighton General Hospital. A supervision of records of these babies is maintained by the Health Visitor in co-operation with the Senior Assistant Medical Officer for Maternity and Child Welfare.

## PUERPERAL PYREXIA REGULATIONS, 1951

The 48 cases notified all recovered. A Register of cases is maintained in the Child Welfare Section and all notifications scrutinised and supervised.

## CONTRACEPTIVE AND FAMILY PLANNING CLINIC

New cases treated during the year belonging to Brighton were referred by

Chest Physician ... ..	2
General Medical Practitioners ... ..	18
Brighton General Hospital ... ..	1
Sussex Maternity Hospital ... ..	1
Maternity and Infant Welfare Medical Officers	4
	<hr/> 26

Total number of attendances of all Brighton cases during the year, 282. In addition, attendance was made by 1 new case belonging to districts outside Brighton; total number of attendances of all cases belonging to districts outside Brighton was 31.

## CARE OF UNMARRIED MOTHERS AND THEIR BABIES

The Council contributes to the funds of the Chichester Diocesan Moral Welfare Association and in addition contributes to the maintenance of Brighton women and their babies for the necessary duration of their stay in Homes. The Association also provides the services of Social Workers. General medical supervision is carried out by the Senior Assistant Medical Officer for Maternity and Child Welfare.

## INFANT WELFARE CENTRES

At the end of the year there were fourteen infant welfare centres. One centre has two sessions a week, eleven have one session a week and two centres have one session a fortnight.

Analysis of gross attendances:

	Number	Attendances	Average attendance	
			per person	per session
Mothers ... ..	1729	25455	14	36
Children 0-12 months ... ..	1363	21843	16	} 43
1-5 years ... ..	1857	8381	4	

Number of medical consultations given totalled 7,851.

806 children were referred for treatment or for further consultation.

<i>Defect</i>						<i>Number</i>
Orthopaedic ... ..	...	...	...	...	...	243
Eyes ... ..	...	...	...	...	...	33
Skin ... ..	...	...	...	...	...	67
Dental ... ..	...	...	...	...	...	405
Other ... ..	...	...	...	...	...	58
TOTAL ...						806

#### ORTHOPAEDIC SERVICE

Of the 374 children under 5 treated at the Orthopaedic Clinic during the year, 27 were new cases seen by the Surgeon. 88 attendances were made to the Surgeon's Clinic. Nine children were admitted to the Royal National Orthopaedic Hospital, Stanmore.

#### HOME VISITING

Home visits included routine calls on:

Expectant Mothers: first visits ... ..	...	...	...	670
total visits ... ..	...	...	...	948
Babies under 1 year of age: first visits ... ..	...	...	...	2509
total visits ... ..	...	...	...	10861
average to each child ... ..	...	...	...	4
Children over 1 year old: first visits ... ..	...	...	...	6485
total visits ... ..	...	...	...	16722

Visits of enquiry were made as follows:

Stillbirths ... ..	...	...	...	...	...	32
Neonatal deaths ( <i>i.e.</i> , during first month) ... ..	...	...	...	...	...	23

#### PROMOTION OF CLEANLINESS

The Health Visitors note the condition of heads and bodies of all pre-school children. Where necessary advice is given and severe cases of verminous infestation are referred for cleansing. Close co-operation is maintained with the School Health Service.

#### DENTAL CARE

One session per week was reserved by the Principal School Dental Officer and by each of the four School Dental Officers for the treatment of mothers and children under five years of age.

Dental X-ray examination is carried out at the School Clinic.

By arrangement a private dental technician supplies dentures as required and the necessary work is carried out in his workshop.

(a) Numbers provided with dental care:—

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers ... ..	69	67	67	40
Children under five ... ..	731	151	151	151

## (b) Forms of Dental treatment provided:

	Extractions	Crowns provided	Fillings	Scalings or Scaling and gum treatment	Silver Nitrate treatment	Inlays provided	General Anaesthetics	Radio-graphs	Dentures provided	
									Complete	Partial
Expectant and Nursing Mothers	137	—	62	287	—	—	12	7	11	5
Children under five	117	—	271	1002	115	—	47	—	—	—

## DEPRIVED CHILDREN

Close co-operation is maintained with the Children's Officer who notifies the Health Department whenever a deprived child under five is moved to a new address. This enables the Health Visitor to pay routine visits as required for all children of this age group.

Under existing arrangements, visits are paid to establishments where the well-being of deprived children is in doubt. Special examinations of children are made at the request of the Children's Officer. The Senior Assistant Medical Officer, Superintendent Health Visitor and District Health Visitor attend all meetings of the Co-ordinating Committee for Children Neglected in their Own Homes.

## NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

There is on the register one child minder who for reward is able to receive into her premises 15 children under the age of 5 years to be looked after for the day. No new child minders were approved during the year.

One day nursery is on the register; there were no registrations during the year.

## MUNICIPAL DAY NURSERY

The Brighton Corporation maintains the Manor House Day Nursery, where there is accommodation for 12 children from 9 months to 2 years of age and 24 from 2 years to 5 years; during the year the average daily attendance was 17.

Prior to admission the children must be seen by a doctor to ensure that they are free from infection and infestation.

## TRAINING

Eighteen pupil midwives attended infant welfare centres on 5 occasions.

Arrangements were also made for students to visit the Ambulance Station, Abattoir, Garton House Diocesan Moral Welfare Home, Mental Health Service, Manor House Day Nursery, Housing Department, Waterworks Department and Public Health Inspectors' Office.

Thirty students studying for the Health Visitors Certificate attended maternity and child welfare clinics for practical experience in the work of a health visitor.



## WELFARE FOODS DISTRIBUTION

Issues from the sixteen distribution points are shewn below:

	Issues	Percentage of entitlement taken up
Orange juice, bottles ... ..	109,093	36.5
Cod liver oil, bottles ... ..	14,783	21.3
A. & D. tablets, packets... ..	7,242	
National dried milk, tins ... ..	69,028	

**HEALTH VISITING**

## STAFFING

The establishment was increased in June, 1956, by two Health Visitors, whose training at the Brighton Course for Health Visitors had been sponsored during the previous 9 months. Following this, adjustments to areas and case loads were made possible, mainly in the Woodingdean area, which has become too heavy for one Health Visitor to manage on foot.

It cannot be emphasised too much that for satisfactory visting and supervision and saving time in futile visits a car is a necessity for the outlying and hilly districts. Woodingdean and Bevendean are areas still without this allowance.

Two Health Visitors resigned to take up duties elsewhere and four new appointments were made. It was possible to obtain the services of a temporary Health Visitor to fill the gap between resignations and appointments.

The staff is now 1 Superintendent Health Visitor; 1 Geriatric Health Visitor and 18 District Health Visitors (including 2 full-time and 1 part-time at the Chest Clinic), 3 Clinic Nurses who attend the Ante-Natal, Contraceptive and Infant Welfare Clinics and periods of holiday relief at the Chest Clinic.

*Health Education* is recognised in The Working Party Report on the Field Work, Training and Recruitment of Health Visitors, published this year, as an integral part of her duties, and in Brighton this has been continued with individual advice in homes and clinics, and in various groups both in clinics and in outside organisations.

Altogether during the year nine members of the staff have given 85 talks on matters appertaining to health, some taking place during the evening after normal working hours.

In November, two students from the London University, taking Health Education, commenced weekly visits to the Health Department as observers and were attached to the Health Visitors Section for some of their time. They took particular interest in Home Safety and Diphtheria Immunisation Propaganda.

In October, a one-day Home Safety Conference was convened by the Central Council for Health Education. The local arrangements were made by the Superintendent Health Visitor. This was attended by representatives of Health Visiting, school nursing, educational (teachers), student nurses in training, Fire and Ambulance Staffs.

## TRAINING OF STUDENT HEALTH VISITORS

The Staff continues to take an active part in this training, the 30 students in this year's course have had practical observation and experience, accompanying Health Visitors in their daily work. Each Health Visitor has had two or three periods of two weeks each during the year when she was responsible for instructing a student.

Two members of the Staff have been appointed lecturers to Health Visitor and Queen's Nurse Students.

## REFRESHER COURSES AND INSERVICE TRAINING

Two Health Visitors attended Refresher Courses during the year, one at Oxford in July, and one in London in December.

The series of lectures on Mental Health commenced in 1955 for the more senior members of the staff was again attended in 1956 by three of the Health Visiting Staff, on Monday evenings, 6.30—8.30 p.m.

## HOUSING

Health Visitors continued to submit reports to the Deputy Medical Officer of Health on conditions considered detrimental to the health of the families they visit, and a meeting was convened by the Deputy Medical Officer of Health between the Housing Manager and his staff and the Health Visitors to discuss housing policy and matters of mutual interest to help in housing problems.

## PROBLEM FAMILIES

The visiting of families with children under 5 years known to need much help and supervision has continued, and there is good relationship with other Agencies working in the interest of such homes.

Attendances at the Co-ordinating Committee have been maintained by the Superintendent Health Visitor and District Health Visitors.

## TUBERCULOSIS

It is with regret that again it is necessary to report that this important section of the work is still understaffed and lacking transport, making it impossible to carry out all routine visiting necessary for the prevention of this disease.

The acceptance of Mass X-Ray by the Public and the prospect of B.C.G. vaccination to school leavers, with the need to follow-up all positive Mantoux tests, will have further repercussions on this work and in view of the wide areas of the town covered by these members of staff, consideration of the use of a car is most urgent.

## LIAISON AND CO-ORDINATION OF WORK WITH HOSPITALS FOR CARE AND AFTER-CARE

Weekly visits are paid by Health Visitors to the Paediatric Clinic at the Sussex Maternity Hospital and also to the Royal Alexandra Children's Hospital to Wards and follow-up Clinic for hospital discharges. Close and friendly

contact is maintained between hospital staff and Health Visitors in the interest of sick and ailing infants and children.

During the year there has been an overall increase in the number of requests by Almoners for Health Visitors to undertake the after-care of adult patients discharged from hospital.

Liaison with other parts of the Health Service and with voluntary organisations have continued during the year. Health Visitors have called on General Practitioners in the interest of the families they visit and doctors have requested help from Health Visitors in many instances.

#### AGED

The Health Department's care of the Aged sick has become a more recognised service since the special Geriatric Health Visitor was appointed in 1955.

Statistically there has been a satisfactory increase in the amount of visiting done during 1956, and both the number of visits and the amount of help given have benefitted by the fact that a car was made available for the work.

The Geriatric Health Visitor acts as co-ordinator of this work, both with the District Health Visitor and with other interested departments and organisations, she visits all emergencies and assesses needs, as well as following up hospital admissions and discharges. During this year a newly-appointed Health Visitor was seconded to help temporarily with this work and the intensive day to day calls which occur during the winter months.

The District Health Visitors continue to pay supervisory visits to old people already known or found by them on their districts and report needs and difficulties.

The new filing system to be set up during the next year will add to the ease with which supervision can be carried out and maintained.

The year ending 31st December, 1956, has shown a substantial increase in the number of Old Persons now on the Register of the Health Department. Totalling 1,497 as against 977 in 1955.

The number of visits paid to the Aged were 1,416, of which 1,012 were made by the Old Persons' Health Visitor, including 159 hospital discharges; she has also made 228 recommendations for Home Help as against 166 for 1955 and has made 1,217 references to other Agencies in connection with the Aged.

The request for Meals-on-Wheels has increased, totalling 31 in the last 3 months of the year.

The work of the Old Persons' Health Visitor has continued on the same lines as in 1955. Discussions and weekly meetings between the Health Department and the Welfare Services has taken place and liaison between the two departments has naturally increased. There has been an increase this year in the number of personal contacts between the Old Persons' Health Visitor and the Hospital Almoners, Queen's Nurses, General Practitioners and vice versa.

The principle on which the Geriatric work is centred is that of keeping the Aged population in their own homes, amidst their familiar surroundings and within a circle of relations and friends, as far as is possible; so helping to ensure

a certain amount of security (so often absent in the latter years). To attain this end, the domiciliary services which are listed below are working to full capacity, and still require considerable extension and improvement.

## FEEDING FACILITIES

### HOME HELP

### CHIROPODY

PROVISION FOR SHORT PERIODS OF CARE, EITHER IN THE HOME OR AWAY FROM IT, TO GIVE RELIEF TO RELATIVES CARING FOR THEIR AGED

The extension of the Meals-on-Wheels Service is of help but still does not cover the requirements of an elderly or old person who through chronic or temporary sickness and incapacity has to rely on outside help for meals *with attendance*; for this individual home help appears at present to be the only solution to the problem of serving the actual meal as opposed to delivering it. Due to the lack of accommodation in the Geriatric Units of the Hospitals and to very few vacancies available in the Welfare Services Homes this particular need is intensified.

The provision of a Service whereby an Old Person could be cared for in his or her present surroundings (where suitable) while the relatives have a holiday or rest would be invaluable. This entails night care. At present such needs are catered for by admitting to nursing or convalescent homes, but in many cases the old person does not wish to leave home even for a short period, and it may not be desirable for him to do so. In this situation the relative obtains very little relief and in consequence may become in need of help, and a further crisis precipitated. Convalescent Holidays were provided for 35 aged persons during the year.

There is a case for the provision of short-stay hostels or convalescent homes; where cases of slight illness, not requiring hospitalization, and old people discharged from hospital still in need of some rehabilitation (*e.g.*, fractures of the lower limbs and major operations) could be sent.

Chiropody has been provided where necessary.

In an emergency the Old Persons' Health Visitor makes a rapid assessment of an Old Person's requirements such as food, clothing, bedding, heating, domestic help, district nursing and the home laundry service.

This year has also shown the increased value of routine follow-up visits by the District Health Visitors. In many cases this has prevented a further crisis and saved much unnecessary hardship and suffering; at the same time it has provided a valuable means of ascertainment, in an unobtrusive manner, of Old Persons in need. These visits have also assisted in maintaining a certain standard of health and happiness so essential to the older generation.

Visits of enquiry were made as follows (see also p. 21).

Hospital follow-up visits (including old people)	...	214
Housing problems	... ..	112
Aged and chronic sick	... ..	1,416
Other visits	... ..	1,206





## HOME NURSING

The statutory duty of the Local Health Authority is carried out by the Brighton District Nursing Association (Queen's Nurses).

There are 34 whole-time and 7 part-time nurses.

Total number of cases nursed, 4,494 (including 132 tuberculosis).

Total number of visits made, 127,367 (including 2,165 midwifery and maternity and 6,481 tuberculosis: also included are 51,165 visits for injections).

In the case of sick children the District Nurse visits and where they are very ill or require special care the Assistant Superintendent also visits.

The full-time Night Sitter Service commenced on 1st January and has been very successful. The Sitters were called out on 166 nights and a trained nurse has been employed 14 times for the night on special occasions.

593 patients received nursing equipment on loan.

Ten students were trained during the year of whom 5 were for the Brighton area.

The Cleansing Centre has undertaken laundering for patients on a number of occasions.

## AMBULANCE SERVICE

The statistics for 1956 are set out as an Appendix together with comparisons over the years since 1950. 1950 is regarded as the first year in which stability of use was achieved.

## PREVENTION, CARE AND AFTER-CARE

### TUBERCULOSIS:

	Deaths 1956	Rate per 100,000 population	No. of New Cases 1956	Rate per 100,000 population
Pulmonary tuberculosis ... ..	21	13.23	119	74.98
Non-pulmonary tuberculosis ... ..	—	—	6	3.78
All forms ... ..	21	13.23	125	78.76

The number of deaths is the lowest recorded in Brighton.

The following table gives the number of primary notifications and other new cases which came to notice otherwise than by formal notification; also deaths from all forms of the disease.

Age Periods	New Cases				Deaths			
	Pulmonary		Other		Pulmonary		Other	
	M.	F.	M.	F.	M.	F.	M.	F.
0-1 ... ..	—	—	—	—	—	—	—	—
1-4 ... ..	—	—	—	—	—	—	—	—
5-9 ... ..	—	—	—	—	—	—	—	—
10-14 ... ..	4	2	—	—	—	—	—	—
15-19 ... ..	7	3	1	1	—	—	—	—
20-24 ... ..	6	7	—	—	1	—	—	—
25-34 ... ..	6	14	—	2	—	—	—	—
35-44 ... ..	5	4	—	2	5	3	—	—
45-54 ... ..	23	6	—	—	4	—	—	—
55-64 ... ..	19	5	—	—	4	1	—	—
65 and upwards ... ..	7	1	—	—	2	1	—	—
Totals ... ..	77	42	1	5	16	5	—	—

Eleven of the total of the 21 deaths occurred in hospital, of whom 5 died in Brighton hospitals and 6 in other hospitals.

16,135 attendances were made at the Clinic during the year, of which 1,993 were by new cases.

172 patients were visited in their own homes and in hospital during the year.

4,706 artificial pneumothorax refills were done during the year.

Although some cases are found to have advanced disease on first examination, on the whole patients tend to present themselves for examination and treatment at an earlier stage than a few years ago.

845 new contacts to cases of tuberculosis were examined during the year; of these, 4 were found to need institutional treatment on first examination. It is necessary to keep contacts under observation for several years, and 1,560 old contact cases were examined during the year.

The Ministry of Health directs that B.C.G. Vaccination should be offered to tuberculin-negative contacts of cases and 529 vaccinations were made during the year. B.C.G. Vaccination has been readily taken up and many requests for its use are made.

The Mass Radiography Unit operated in Brighton for several months during the year. Many cases have been referred to the Chest Clinic from the Unit. This service is of great value as, apart from the cases found to be in actual need of treatment, it brings to light hidden sources of infection which would otherwise remain unknown.

Many cases and their families have been rehoused during the year, and considerable assistance has been rendered by the Housing Committee, under difficult conditions.

#### Home Visits by Health Visitors:

Primary visits	...	...	...	...	208
Re-visits	...	...	...	...	2,248
Special visits...	...	...	...	...	730
Total: 3,186					

#### Home Nursing by Queen's Nurses of the Brighton District Nursing Association:

	No. of patients				No. of visits
Pulmonary tuberculosis	...	...	...	119	6,042
Non-pulmonary tuberculosis...	...	...	...	13	439
Total	...	...	...	132	6,481

#### *Convalescence*

A period of convalescence was agreed for one case. In addition two tuberculosis cases were maintained at Papworth Village Settlement and one at the British Legion Village; of these, two were discharged during the year.

#### *Travelling Assistance*

Assistance towards the cost of rail fares to visit relatives in hospital was granted to 21 new cases; altogether 27 cases were helped.

#### *Occupational Therapy*

Since November two sessions a week have been held in the Health Department workroom with a demonstrator in attendance. Forty-two cases made 674 attendances at the 55 sessions held. In addition the demonstrator visited 12 patients in their own homes on 53 occasions.

## OTHER DISEASES (SECTION 28, N.H.S. ACT)

*Convalescence*

A period of convalescence, usually two weeks, was agreed for 46 cases.

**ASSISTANCE FROM HEDGCOCK BEQUEST**

	£	s.	d.
Christmas parcels ... ..	40	0	10
Assistance towards arrears of rent ... ..	2	0	0
Pocket money for patient in hospital ... ..	3	11	9
Assistance towards arrears of hire-purchase payments on wash boiler ... ..	5	0	9
Chiropody ... ..	2	1	6
Repairs to property ... ..		18	9
Special mental consultation ... ..	3	3	0
	56	16	7

**MENTAL HEALTH SERVICE**

## ADMINISTRATION

*Health Services Sub-Committee*

The Sub-Committee consists of 9 members, being His Worship the Mayor (*ex-officio*), the Chairman of the Health Committee, together with 5 other members of the Council and 2 co-opted members, including a local general practitioner. Meetings are held at monthly intervals.

*Staff**Psychiatric Adviser to the Medical Officer of Health:*

DR. W. MCCARTAN, M.D. (BELF.) M.R.C.P. (LOND.) D.P.H., D.P.M.,  
Physician Superintendent, St. Francis Hospital, Haywards Heath

*Executive Officer*

1 Senior and 2 Authorised Officers

1 Mental Deficiency Visitor (female) and 2 Clerical Assistants  
(Two officers hold the Relieving Officers' Certificate)

Dr. McCartan, Physician Superintendent, St. Francis Hospital, attends for the purpose of advising on difficult cases and to investigate cases which have been referred by the Medical Officer of Health.

*Delegation of Duties*

With the exception of the administration of the occupation centres for mental defectives and the domiciliary handicraft care for the mentally handicapped, the whole of the work required of local authorities in the mental health field is performed by the authorities' own officers.

## WORK UNDERTAKEN IN THE COMMUNITY

*Preventive Care and After-Care*

Follow-up Clinics are held twice weekly at the Herbert Hone Clinic, the Psychiatrists on the staff of St. Francis Hospital attend by arrangement with the Regional Hospital Board.

Clinics held in 1956	...	...	...	...	...	93
Attendances	...	...	...	...	...	771



I have experienced great difficulty in placing aged patients discharged from the Mental Hospital during the year. And a working party comprised of members and staff of the Hospital Management Committee of St. Francis, the Welfare Services and Health Committees has been set up and it is hoped that with the co-operation of these three Committees, an improvement in placing patients discharged from Hospital will take place.

Every effort is made to advise and assist in the re-establishment of patients discharged from Mental Hospitals and also persons suffering from psycho-neurosis, discharged from H.M. Forces. My Health Visitors, a lay visitor and the Duly Authorised Officers undertake this work.

### *Duly Authorised Officers*

The establishment consists of three Duly Authorised Officers (D.A.O's) under the Executive Officer, Mr. T. Rasmussen.

Cases referred to D.A.O's in 1956: 1,160

The increase of work continues as indicated below. The staff establishment has remained unaltered since 1948.

1949	1950	1951	1952	1953	1954	1955	1956
605	676	793	847	949	1,028	1,146	1,160

### *Lunacy Act, Section 20*

Cases admitted to the Brighton General Hospital for observation, 722 (1955, 681).

Of these, 245 were admitted by D.A.O's of the East Sussex County Council but disposal was performed by your Brighton staff.

Admissions to Mental Hospital either direct from home or from Observation Ward:—

					1956	1955
Voluntary patients	...	...	...	...	615	504
Temporary patients	...	...	...	...	2	3
Certified patients	...	...	...	...	90	107

Of the 1,160 cases investigated by D.A.O's, 151 cases were found to be unsuitable to be dealt with under the Lunacy Acts. In each case a visit was made and where necessary or advisable the case was referred to some other service, *e.g.*, domiciliary visit by Consultant Psychiatrist, Old Persons' Health Visitor, Welfare Services Department.

### *Night and Weekend Duties*

All General Practitioners, Hospitals and local bodies have been notified that the Mental Health Service is the Centre of all statutory duties under the Lunacy, Mental Treatment Acts, Mental Deficiency Acts for the administration of the County Borough of Brighton. There is a 24-hour-a-day service. The number of calls made for the services of a Duly Authorised Officer, other than within normal office hours during the period covered by this report, was 441. In 202 of these cases it was found necessary for the Officer concerned to leave his home to take necessary action under the Lunacy Acts. The average time taken where an Officer is called to investigate a case is approximately of two hours' duration.

*General*

The administrative staff interviewed 2,326 persons at the Clinic and 2,287 at home or elsewhere. These figures include the visiting of mental defectives under supervision, under guardianship, on licence from Institutions, as well as visits for special reports for the Visiting Justices and like. Also included are the visits for preventive and after-care purposes under the Lunacy and Mental Treatment Acts.

## MENTAL DEFICIENCY ACTS, 1913—1938

*Ascertainment*

During the year 22 cases were notified by various Authorities, a decrease of 16 on the previous twelve months.

The source and detailed number of these notifications are as shown:—

	<i>Males</i>	<i>Females</i>
Education Authority under Section 57 (3) of Education Act, 1944. Children of school age ... ..	4	3
Education Authority under Section 57 (5) of Education Act, 1944. School leavers ...	3	4
Other sources, including Medical Practitioners, other local health authorities and relatives:		
Children ... ..	2	—
Adults ... ..	2	4

Such cases after being fully investigated were dealt with as follows:—

	<i>Males</i>	<i>Females</i>
Placed under supervision in own home ... ..	6	7
Admitted to Mental Deficiency Hospitals ...	1	1
Removed from area and notified to appropriate local health authority... ..	1	1
Pending action on completion of enquiries ...	3	2

*Discharges, etc.*

During the period under review 23 cases have been removed from the Register on the following grounds.

	<i>Males</i>	<i>Females</i>
Discharged from Mental Deficiency Hospitals ...	4	7
Died in Mental Deficiency Hospitals ... ..	—	5
Admitted to Mental Hospital ... ..	1	1
Released from supervision... ..	1	1
Moved from Brighton to other areas ... ..	—	3

*Cases on Register*

The number of cases on the register at the 31st December is shown here-under.

	<i>Males</i>	<i>Females</i>	<i>Total</i>
In Institutions... ..	146	68	214
Under Guardianship ... ..	17	26	43
Under Supervision ... ..	145	102	247
Awaiting Action ... ..	3	2	5
	<hr/> 311	<hr/> 198	<hr/> 509

Such figures compare with a total number of 506 cases in the preceding year. The number of cases in Institutions has dropped from 226. This decrease has, in the main, been caused by the death of 5 cases and the discharge of 15 cases: several of the latter have been transferred from Institutional to Guardianship care after a period of licence in their own homes.

The total on the register represents 3·2 per thousand of the estimated population.

### *Institutional accommodation*

The waiting list for admission consisted of 25 cases, of which 7 were not deemed in urgent need of hospital care.

Difficulty still exists in obtaining beds for young children. In 2 cases the conditions of the case and the general home circumstances warranted immediate admission to permanent beds but no vacancy could be obtained. In both instances however, arrangements were being made for the cases to be admitted early in the New Year as Short-Term Stay cases in order to give the parents at least a short break from the strain of looking after the case.

In my last report I referred to the problem arising from the type of case who has been under guardianship or under supervision for a long period of years and where by the increasing age and characteristics of the patient, he can no longer be looked after in the community. Unfortunately, difficulty has already arisen. One case who was accepted on the Waiting List in July has not been allocated a bed and as a result has been a patient in the Brighton General Hospital on leave of absence from guardianship for the rest of the year.

I must warn the Authority that this problem will become more and more acute as time goes on.

### *Guardianship*

There has been little change in the number of cases under Guardianship. Four cases who had been on licence to their own homes from institutional care were transferred to the guardianship of their respective parents. As their behaviour had deteriorated it became necessary to arrange for transfer of three cases to institutional care.

### *Supervision*

The number of cases on the register shows an increase of 13 over the previous year. During the year 2 cases were released from supervision being deemed fit to manage their own affairs; several cases have had to be admitted to Institutions as their behaviour had become such that they were no longer considered fit to remain in the community. Several cases, which had left Brighton, were notified to the local health authority of the area to which they moved.

Regular visits are made to all cases at appropriate intervals. Advice is given as to the well-being, employment and where necessary, the control of difficult cases.

### *Occupation Centres and Training*

The number attending the Occupation Centres at the end of the Christmas Term was:—Junior Centre 32, Adult Centre 10, compared with 25 and 12 respectively in the previous year.

During the year 8 cases were admitted to the Centres and 2 cases ceased attendance, one being admitted to an Institution; the other has been removed from the register and is being given a trial in the Woodside School. One child whose name remains on the register was unable to attend during the Christmas term owing to ill health.

No home training is carried out as all cases considered suitable for training are offered the opportunity of attending the Occupation Centres.

The Centres are maintained by the Guardianship Society at the Grace Eyre Woodhead Memorial, Old Shoreham Road, Hove.

The children attending the Junior Centre, which is full-time, are conveyed to and from the Centre by a special bus. This meets and returns them to appointed picking up points as close as possible to their homes. The children are provided with milk and meals whilst attending the Centre.



The Adult Centre is part-time. The cases attending are mostly capable of travelling unaccompanied. Assistance with travelling expense is made where considered necessary.

### General

Under Circular 5/52, cases may be admitted to Mental Deficiency Hospitals and elsewhere as Short-Term Stay cases for periods not exceeding eight weeks, in order to provide parents with some relaxation from the constant demands of care. During the year 9 such admissions were arranged, 8 cases admitted to Hospital and 1 placed in the temporary care of a guardian.

The provisions of this Circular have proved very beneficial, especially in regard to cases of young children who are awaiting admission to Mental Deficiency Hospitals. By this means the parents have been relieved of the care of the child and have been able to take a much needed holiday.

It is with much pleasure that I place on record my appreciation of the active co-operation received from medical practitioners, the Police, the employment bureaux and other local government departments.

### BRIGHTON CORPORATION WATERWORKS

MR. F. N. GREEN, B.Sc., A.C.G.I., A.M.INST.C.E., A.M.INST.W.E., F.G.S.,  
Waterworks Engineer

1. The water supply of the area has been satisfactory in quantity and in quality.

2. Bacteriological examinations of both raw and treated waters were made at weekly intervals in the Department's laboratory except in certain instances where bacterial pollution was present in the raw waters, when samples of both raw and chloraminated waters were examined daily. The total number of raw and treated samples examined from each of the Pumping Stations, together with a summary of the bacteriological results obtained, is given below.

No. of Number of Samples Examined	No. showing presence of Coliform Organisms in 100 ml. or less	No. showing presence of Faecal Coli in 100 ml. or less	No. showing Coliform Organisms absent from 100 ml.
1099	151	89	948

Colony counts on agar at 22°C after 3 days and 37°C after one day's incubation were generally low in number.

Chemical analyses were carried out at weekly intervals. The results of chemical analyses are given below, expressed in parts per million.

	Balsdean	Falmer	Patcham	Goldstone	Mile Oak	Shoreham	Lewes Road Well
Date taken ...	18.9.1956	18.9.1956	18.9.1956	17.9.1956	17.9.1956	17.9.1956	19.9.1956
pH ...	7.35	7.25	7.3	7.35	7.4	7.35	7.35
Alkalinity (CaCO <sub>3</sub> ) ...	181.0	199.0	174.0	208.0	190.0	189.0	172.0
Chlorides (Cl) ...	58.0	24.4	20.8	61.8	25.8	30.4	31.2
Ammoniacal Nitrogen ...	Nil	Nil	Nil	Nil	Nil	Nil	0.01
Albuminoid Nitrogen ...	0.032	0.014	0.021	0.014	0.027	0.045	0.037
Oxidised Nitrogen ...	5.7	4.85	4.2	7.5	5.1	6.4	6.65
Oxygen Absorbed (3 hours at 27°C.) ...	0.1	0.096	0.124	0.128	0.11	0.18	0.148
Temp. Hardness ...	181.0	199.0	174.0	208.0	190.0	189.0	172.0
Pern. Hardness ...	53.0	29.0	24.0	54.0	23.6	55.0	44.0
Total Hardness ...	234.0	228.0	198.0	262.0	213.6	244.0	216.0

In addition to the foregoing, 1,815 daily samples from taps at fixed points on the district have been examined bacteriologically, the results of which have shown the chloraminated waters going to supply to be of the highest standard of purity.



Bacteriological and abbreviated chemical examinations have also been carried out on 346 samples of water from service reservoirs. A total number of 4,126 samples of water have been examined in the Department's laboratory during the year.

3. Since all of the water is obtained from the chalk, there is little likelihood of any plumbo-solvent action, and no evidence of such action is apparent.

4. Chlorination, with post-ammoniation, of all raw waters is practised continuously, and surveys of the catchment area are regularly carried out. In the event of a raw water showing evidence of bacterial pollution, such surveys are intensified and appropriate adjustments of chlorine and ammonia dosage are made. In addition, bacteriological examination of the raw and chloraminated waters is carried out at daily intervals.

5. The number of the population supplied from public watermains direct to the houses is 282,243 and the number of services in use is 94,733. No water is supplied by standpipes.

## **PUBLIC HEALTH INSPECTORS' SECTION SANITARY ADMINISTRATION**

R. S. Cross, Chief Public Health Inspector

The emphasis during the year 1956 has been upon housing matters and the implementation of the new Food and Drugs legislation.

The switching of staff to these additional duties threw a considerable amount of extra work on to the remaining District Inspectors. The Scheme for Student Inspectors proved its value, as three students recently qualified, were appointed and were able to take over and cope with district routine. 8,691 visits were made under the Public Health Act, 1936, and, as a result of these inspections, defects were remedied in 564 houses after the service of 599 informal notices. Formal notices secured the repair of 257 houses.

Emphasis on the value of informal and personal approach led to an increase in the number of interviews with owners, agents, builders, etc., the number being 4,647 as compared with 2,364 in 1955.

This informal procedure has also been made necessary during the year by the number of owners who have stated, on receipt of Abatement Notices, that it is impossible for them to meet the cost of repairs. In practically every case they have produced bank statements, bills and accounts to prove their financial position. Advantage has been taken, in some of these cases, of the procedure laid down in Section 275 of the Public Health Act, 1936, which allows the local authority, by agreement with the owner, to carry out the works on his behalf and to recover the expenses from him later. In practice the owner is interviewed and arrangements are made for payment by instalments, the cost being a first charge on the property. This procedure avoids the taking of legal proceedings against persons who could not, in any case, meet the expense of extensive repairs, and secures early compliance with notices which might otherwise remain outstanding for a long time.

This is not a completely satisfactory answer to the problem of houses which are falling into disrepair because they are no longer an economic proposition to maintain. In many cases they have been neglected for many years and then, possibly left to a person of little means.

It can only be hoped that the provisions of the new Rent Act will obviate the need for having to take advantage of any form of administrative procedure which will prevent the further decay of old properties.

## HOUSING

The year 1956 has seen the beginnings of the first major post-war slum clearance programme. Early in the year the Council approved a plan for the clearance of 1,650 houses considered to be unfit for habitation. Public enquiries were held in respect of three Compulsory Purchase Orders for areas around Boston Street, Artillery Street and Albion Hill. 499 properties, of which 424 were unfit or badly arranged, were included in these orders.

Six further clearance areas were represented during 1956. 69 unfit or badly arranged houses were included in these areas and Compulsory Purchase Orders affecting 81 properties have been made and are awaiting confirmation.

During the year 20 buildings in clearance areas and 38 individual unfit houses were demolished, and 18 houses and 11 parts of buildings were closed as a result of formal action. In all, 140 families and 544 persons were displaced from clearance areas and individual unfit properties.

The lengthy formal procedure prescribed under the Housing Act, 1936, has given rise to some difficulties. The period between the representation of a Clearance Area and the re-housing of the tenants affected may be anything up to 3 years. Properties are obviously in an extremely poor state of repair at the outset. During the succeeding months the owners, realising that the premises are to be demolished, are loath to carry out any form of repairs. Under these circumstances defective roofs, ceilings and floors may become dangerous.

The tenants, too, in many cases, give up their efforts to keep their houses from deteriorating.

Although powers exist for the service of notices under the Public Health Act, 1936, where a nuisance exists, the procedure again is lengthy and it is hardly equitable to proceed against an owner in respect of a house which is already scheduled for demolition. On the other hand, the conditions cannot be allowed to continue.

In some cases an informal approach to the owners has been successful. They have been asked to do only the bare minimum of "first aid repairs" to keep the houses habitable.

Many owners, however, are unwilling to do even the bare minimum of repairs. One landlord strenuously objected to repairing a broken w.c., on the grounds that he was being forced to spend money on a house for which he would only get site value, amounting, in all probability, to less than the cost of the works.

In such cases Section 28 of the Brighton Corporation Act, 1954, has proved valuable. It enables the local authority to do the works necessary after giving seven days' notice. The essential work is done at the earliest possible stage and the recovery of costs, if any, and any disputes arising from such action are dealt with afterwards.

The fact that the Department has been forced to use the powers given under this local Act supports the view that slum clearance procedure under the Housing Act, 1936, is too slow and cumbersome and that there is a strong case for speedier action to be made possible.

I am indebted to the Borough Surveyor, Engineer and Planning Officer and the Housing Manager for the following information.

The Corporation completed 355 dwellings during the year and private builders completed 571. In addition, private builders converted 13 houses into 36 flats.

Requisitioned Units of accommodation:

Number of units on 31st December, 1956	...	...	...	49
Number of adults accommodated	...	...	...	81
Number of children accommodated	...	...	...	70

## NOISE NUISANCES

The provisions of Section 536 of the Brighton Corporation Act, 1931, have been used to deal with complaints of nuisance by noise.

Such complaints seem to be arising more frequently over the years and are, in practically every case, due to the presence of industrial premises in a mainly residential area. This state of affairs, no doubt, will eventually be obviated by Town Planning development, but at present there seems to be no complete answer to the problem.

The Section mentioned above only applies where the noise is "excessive or unreasonable or unnecessary and where such noise (a) is injurious to health and (b) is capable of being prevented or mitigated having due regard to all the circumstances of the case".

It will be readily appreciated that what is "excessive or unreasonable noise" is a matter of opinion in very many cases. Although a slight, but continuous noise may be irritating to a neighbouring householder, it is not easy to prove that it is injurious to his health. The force of the Section is also decreased by the provision that in the case of businesses or occupations (from which the vast majority of complaints arise) "it shall be a good defence that the best practicable means of preventing or mitigating it, having regard to cost, have been adopted".

The general practice of this Department is to make an informal approach to the owner of the machine which causes the noise. It has been found, in most cases, that they are willing to take every possible step to avoid annoying their neighbours, and the efforts of the District Public Health Inspectors have, on the whole, succeeded in securing the abatement of the nuisance.

There are instances, however, in which it is physically impossible to cut out the noise completely. The complainants have their remedy in a civil action but until the whole matter of noise nuisances is considered nationally, and general legislation is passed, preferably in more definite terms than those of the local Act, it seems that some householders will be unable to rid themselves of the cause of their complaints until the town's development is such that residential and industrial properties are separated to a much greater extent.

## LEGAL PROCEEDINGS

## PUBLIC HEALTH ACT, 1936

Legal proceedings were instituted under Section 94 of the Public Health Act, 1936, in six cases where abatement notices had not been complied with. One of the cases was adjourned *sine die* when the Corporation negotiated for the purchase of the house, which was marked for future slum clearance action.

The owner of another property carried out the necessary repairs before the hearing, and the summons was, therefore, withdrawn. Nuisance orders were made and fines imposed in all the other cases. Two of the Nuisance Orders were not complied with and in further proceedings each owner was fined £1 and a daily penalty of 2s. 6d. while the nuisance was allowed to continue. The total of this daily sum amounted to £5 15s. for each property before the works were satisfactorily completed.

The owner of a property having defective rain water guttering was fined £1 and ordered by the Court to carry out repairs.

## HOUSING ACT, 1936

Legal action was taken under Section 14, Housing Act, 1936, against two owners for permitting parts of buildings to be used for human habitation in contravention of Closing Orders. In each case a fine of £5 was imposed.



## FOOD HYGIENE REGULATIONS, 1955

In dealing with one of the cases mentioned above under the Housing Act, 1936, contraventions of the Food Hygiene Regulations were also found on the premises. A yard and some outbuildings were being used for the storage of vegetables and for wholesale butchery purposes. The conditions were appalling. Meat was being cut up in a dirty garage, lettuce was left to drain over a w.c., which opened directly into the room in which the food was handled and the premises and equipment were filthy. The principal of the firm and his manager were fined £50 each. The business was discontinued.

A butcher, after several warnings from the Food Inspector was summonsed for smoking whilst handling food. He was, in fact, dressing a chicken. A fine of £2 was imposed.

## FOOD HYGIENE

The first legal proceedings against an hotel were taken in the last quarter of the year, when the proprietors were charged on sixteen counts in respect of breaches of the Regulations. The Food & Drugs Inspector testified that the premises were dirty and in a poor state of repair and that equipment was filthy. The majority of the works called for were done between the issue of the summonses and the hearing of the case, but the defendants were found guilty and fines totalling £90 were imposed.

A loaf of bread which contained rodent excreta led to summonses being issued against a baker. He was found guilty of using dirty equipment, of selling a loaf that was unfit for consumption, of leaving foodstuffs exposed to contamination and of failing to keep his premises in sufficient repair to prevent rodent infestation. He was fined £10.

The year 1956 has been one of real progress in the implementation of the Food Hygiene Regulations. The full acceptance of these Regulations by the various food trades and catering establishments has been genuine and the advice of the Public Health Inspectors readily accepted. Only in rare cases has some show of legal necessity arisen. The hotels in this town have shown that they are determined to provide the best of food, prepared under hygienic conditions and served in clean, cheerful surroundings to add to the enjoyment of the visitors to this seaside resort. In some instances complete, new kitchens have been installed and the arrangements for ancillary services such as vegetable preparation, washing of utensils, etc., re-sited and re-modelled to provide for an even forward flow from raw material to finished product. The cost, in some instances, has exceeded £6,000.

The inspection of boarding houses commenced during the year and our first reaction was one of pleasurable surprise. The majority of boarding houses were found to be well-equipped and the kitchens and other parts of the premises were clean. Effort and ingenuity were much in evidence and the general standard was high. It is estimated that there are from 1,500 to 2,000 hotels and boarding houses in the Borough.

Individual traders in all the various food trades have not been backward in accepting suggestions for improvements and they compare favourably and in many instances more than favourably with large companies who have retail shops on a nation-wide basis.

I am pleased to be able to report that the Corporation in their various municipal trading concerns, the School Meals Service, accommodation provided under the National Assistance Act, Children's Homes, etc., have co-operated with the Health Department, carried out improvements and agreed to schemes of reconstruction.

An adverse report had to be made on the construction of the present Open Market in London Road, and the inadequacy of facilities provided for stall-



holders. This Market has deteriorated over a number of years, but I am pleased to be able to report that it has been agreed to build a new Market at a cost exceeding £60,000. Application has been made to the Ministry of Housing and Local Government for loan sanction to carry out this project and because of the "Credit Squeeze" negotiations are continuing. It is greatly to be hoped that this large scale scheme will receive official approval.

Brighton is fortunate in having a Racecourse as an attraction for visitors to the town. The Racecourse Lessees have improved the catering facilities on the Course to such an extent that it must be one of the best equipped, if not the best, in the country. Although racing is carried on for 12 days only in the year, the Lessees did not take advantage of the provisions for the granting of certificates of exemption for various items, but installed all the facilities that could be required in any catering premises. As a direct result of this we have been in a position to demand adequate washing facilities, hot water supplies, etc., on the stalls erected on the free course. Refreshment tents where beer was sold in the rings have been replaced by large mobile bars supplied by the Brewers. These bars are fully equipped with water supplies, hot water, adequate washing up arrangements and hand washing basins. The high standards achieved reflect great credit on the Racecourse Lessees.

Street traders have received particular attention, and barrow-holders are required to provide hot water for hand washing. The Regulations require hot water to be provided on stalls where food is sold for immediate consumption. Circumstances alter cases, and Brighton in common with all other seaside resorts, has street traders selling fruit during the soft fruit season. Holiday makers purchase fruit such as peaches, strawberries, cherries, plums, etc., for immediate consumption. They are eaten in the streets and on the beaches. It would be administratively impossible to see that hot water was provided for five months in the year and at no other time. Because of this difficulty all barrows, etc., are being fitted with insulated hot water containers and the type being used is very effective.

Food transport vehicles are being modernised and new types are appearing on the roads. One prosecution was successfully taken against a firm for having an unsuitable and dirty vehicle. A fine was imposed.

The hygiene of slaughterhouses and slaughterhouse practice still requires a great deal of attention, and it is hoped that the proposed Regulations will give Local Authorities adequate control over many matters directly affecting management and workers.

Education in the basic principles of food hygiene is still necessary and during the year meetings were held with the various food traders organisations and talks given to women's guilds and institutes. The whole membership of the School Meals Service including part-time helpers was organised into classes and lectures were given. Over 300 persons took part in this course of lectures.

In all places frequented as holiday resorts, food hygiene is one of the most important aspects of environmental sanitation. During certain seasons of the year the population of the town more than doubles itself, and any food poisoning outbreaks could have very unfortunate results in regard to the prosperity and popularity of the town as a holiday centre. Catering is the main industry: consequently the number of premises dealing with foodstuffs is proportionately high. There are more than 4,000 such premises in the town and the task of inspecting them calls for some specialisation. Three Inspectors are employed on this work, and steady progress is being made. It is not possible to inspect all food premises once a year, but by routine visiting the implementation of the Regulations is proceeding fairly satisfactorily. When all premises have been brought up to a satisfactory standard the present staff will be able adequately to supervise the whole.

## NUMBERS AND INSPECTIONS OF FOOD PREMISES

			<i>Number</i>	<i>Inspections</i>
Restaurants and Cafes	...	...	440	849
Bakehouses	...	...	50	27
Butchers	...	...	164	214
Bread and Cakes	...	...	141	90
Fishmongers	...	...	142	72
Milkshops and Daries	...	...	201	992
Greengrocers	...	...	267	201
Grocers	...	...	462	294
Confectioners	...	...	351	167
Licensed Premises	...	...	342	192
Fried Fish Shops	...	...	28	68

## Inspections of:

Mobile Food Shops	...	...	...	131
Hawkers Barrows	...	...	...	271
Markets and Cold Stores	...	...	...	199
Ice Cream Manufacturers and Vendors	...	...	...	643
Food Premises at Racecourse	...	...	...	190
Hotels and Boarding Houses	...	...	...	515
Food Preparation premises registered under Sec. 16, Food & Drugs Act, 1955	...	...	...	289
Visits to inspect Food...	...	...	...	409
„ under Merchandise Marks Acts	...	...	...	228
„ „ Labelling of Food Order	...	...	...	47
„ „ PublicHealth(Meat) Regulations	...	...	...	77
„ „ Damage by Pests Acts...	...	...	...	47

## FOOD AND DRUGS ACT, 1955

*Sampling—Milk*

The results of the chemical sampling of milk during the year have been generally good. The samples which fell below the legal standards were in every case found to be due to feeding or production defects. As an example of this, ten informal samples of milk were taken from milk supplied by one producer. When unsatisfactory results were obtained, formal follow-up samples were taken immediately. These, too, were below the legal standards. "Appeal to the Cow" samples were taken at the farm concerned and these samples too, were unsatisfactory. The case was, therefore, referred to the County Milk Production Officer who visited the farm, investigated the causes of the poor quality and was able to obviate the trouble by recommending changes of milking times and feeding stuffs.

1,059 samples of milk have been bacteriologically examined at the local Public Health Laboratory. The supplies of the various specially designated milks are regularly sampled at the various dairies, and it is reassuring to report that of the samples taken only ten pasteurised milks failed the statutory tests during the year.

In previous years it has been noted that "Farm Bottled" Channel Island Milk has been responsible for the greater part of the samples failing to pass the Methylene Blue test. During the year out of a total number of 33 failures to pass the test 22 were from "Farm Bottled" supplies representing 66% of the total failures. Samples taken of Farm Bottled Milk during the year totalled 319 and the failures (22) represent 7% of the total samples. It would appear that more supervision of production methods on the farm is required as Farm Bottled Milk must pass this statutory test. The local Milk Committee of the East Sussex Agricultural Executive Committee have been most helpful in dealing with farmers in the area and I should like to record my thanks to the committee and its officers for the assistance they have so readily given.

It is to be regretted that ungraded milk, sampled on delivery to the dairies, and before pasteurisation, cannot be said to be satisfactory in very many cases. 83 samples of such milk failed to pass the Methylene Blue test. This can only be taken as proof that some producers rely on pasteurisation to make good defects in their production methods.

Legal action cannot be taken in these cases, as there is no statutory bacteriological standard. It does seem, though, that a system which allows milk to be produced and handled unhygienically, and which relies upon heat treatment at a later stage to safeguard the consumer, needs a radical overhaul.

#### SAMPLES FOR BIOLOGICAL TEST

All 29 biological samples of milk taken during the year were satisfactory and were negative on being examined for *tubercle bacilli*.

One sample was found to be infected with *Brucella Abortus*. A notice, under Regulation 20 of the Milk & Dairies Regulations, 1949, was served upon the Brighton dairy to which the supplies were delivered. The milk in question was Tuberculin Tested (Farm Bottled) and would not, therefore, have been subject to heat treatment. Arrangements were made for the milk, which came from a farm in the area of another local authority, to be diverted and pasteurised at a dairy in that area. The Ministry's Veterinary Officers were notified and the infected animals were removed from the milch herd.

Whilst inspecting dairies the Food and Drugs Inspector has taken 214 rinses from churns and bottles after they have passed through the washing machines. In every case the bacteriological examination of the rinse was satisfactory.

During the year, at the request of the Ministry of Agriculture, Fisheries and Food, samples were taken from all Channel Island milk sold in this area. The results were very good, giving an average fat content of 5.02% and milk solids not fat of 9.3%, the legal minimum being 4.0% and 8.5% respectively.

#### Other Foods

There were few failures amongst the 101 samples of food and drugs examined by the Public Analyst during 1956.

A well-known brand of "Vintage Cider" was labelled as being 24° proof spirit. In fact it was only 22.1° proof. There is no legal standard for this beverage but in view of the misleading labels the matter was brought to the notice of the manufacturers. They agreed immediately to amend the labels to show the true content of the cider.

A caller at the office handed in the remainder of a jar of home-made jam which had caused some stomach upsets when eaten. On analysis it was found to contain a high quantity of zinc. It was discovered, on investigation, that the jam had been made in a galvanised zinc vessel which had contaminated the preserve during boiling.

A considerable quantity of rice grains were found in a consignment of ground almonds. All packets in the consignment were emptied into bulk, inspected and sieved. It transpired that the rice had been accidentally mixed with the almonds during packing in the shop.

#### ICE CREAM (HEAT TREATMENT) REGULATIONS, 1947/52

In common with most areas the number of persons manufacturing ice cream shows a steady decline. In 1948 there were 70 premises registered by the local authority, and in 1956 this figure had been reduced to 26. In fact, during the year only 2 premises were manufacturing by the "hot mix" method and 4 were using "cold mix". The largest of the premises was producing ice cream for sale by wholesale dealing and the distribution area covered a large part of counties in the south-east of the country.



During the year 120 samples were taken, of which 82% were satisfactory and 18% were in Grades III and IV. "Process sampling" was carried out on 6 occasions during the year in the 2 factories using the "hot mix" method of manufacture in order to determine the cause of the ice cream failing the prescribed tests.

#### WATER SAMPLES

97 samples of drinking water were taken by the Department during the year, all of which were satisfactory.

#### SWIMMING BATHS

47 samples of swimming bath water were taken from private swimming baths and 98 samples from Corporation baths and were found to be satisfactory.

The Governors of a private College agreed to provide a chlorination plant to the swimming bath during the year and I am pleased to report that since the plant was installed all samples of water have been satisfactory.

#### CHILDREN'S PADDLING POOLS

The water in the two Corporation-owned Paddling Pools is chlorinated, as also is one privately-owned pool. During the year we were successful in having a chlorination plant installed in the remaining private paddling pool. This work was completed at the end of the summer season and it is expected that reasonable bacteriological standards will be obtained from this pool next year.

#### RAG FLOCK AND OTHER FILLING MATERIALS ACT

13 samples were taken and all received satisfactory reports.

#### FERTILISERS AND FEEDING STUFFS REGULATIONS, 1955

16 samples of fertilisers and feeding stuffs were taken. All were satisfactory except in respect of a sample of garden lime. The only particular to be given with Lime, Calcium Hydroxide or Chalk is the neutralising value expressed in terms of Calcium Oxide (CaO). The neutralising value of the sample was 13.5% deficient. The local authority in whose area the lime was produced were notified. The firm concerned had ceased the packaging of this product when the authority went to obtain "follow up" samples.

#### PREMISES REGISTERED UNDER SECTION 16, FOOD AND DRUGS ACT, 1955 and SECTION 29, BRIGHTON CORPORATION ACT, 1954 (WHICH REFERS TO SALE OF FROZEN LIQUIDS)

Ice Cream and Lollipop Vendors	...	...	...	594
Manufacturers of Sausages/Preserved Foods	...	...	...	170
Milk Shops	...	...	...	201
Dairies	...	...	...	7

#### DISPOSAL OF CONDEMNED FOOD

The disposal of condemned foodstuffs varies according to the nature of the articles. Where it is found possible to do so the goods are sent to the Corporation Kitchen Waste Plant for conversion into pig food.

Other items are disposed of by burial at the Corporation controlled tipping sites.

#### ABATTOIR

During the year a major reconstruction of the pig slaughterhouse has been carried out. Following the de-rationing of meat there was a very large increase in the number of pigs killed at the abattoir and in order to handle this increase it was necessary to speed up the work by providing more modern equipment and enlarging the size of the hanging room for carcasses. The line system of slaughtering was introduced, requiring new overhead runways and equipment



and the installation of a de-hairing machine. The space for hanging carcasses was doubled and new fluorescent lighting was installed. The total cost of this work exceeded £4,000.

The local authority employ two slaughtering contractors at the abattoir and the number of animals dealt with by each contractor is roughly equal.

Development work is envisaged on building land within the curtilage of the abattoir and it is anticipated that office accommodation, buildings for the sale of processed tripes, gut cleaning and other ancillary processes will be provided.

The greatest need at the abattoir is adequate chill room accommodation. The abattoir was erected over 50 years ago and although the buildings and equipment have been thoroughly modernised there is no chill room accommodation. Because of this the daily through-put of animals is restricted, slaughtering has to be permitted on seven days a week and in the summer-time excessive losses of meat occur because of bone taint, etc. The Council agreed that chill room accommodation be provided, and application for loan sanction was made to the Ministry of Agriculture, Fisheries and Food, but confirmation is still awaited.

#### ANIMALS SLAUGHTERED AT THE PUBLIC ABATTOIR

*Carcases and Offal inspected and condemned in whole or in part*

	BEASTS	CALVES	SHEEP	PIGS
Number killed ... ..	8,521	10,423	24,215	25,679
Number inspected ... ..	8,521	10,423	24,215	25,679
<i>All diseases except Tuberculosis and Cysticerci:</i>				
Whole carcasses condemned ... ..	9	14	15	27
Carcasses of which some part or organ was condemned ... ..	3,551	17	1,412	4,478
Percentage of the number inspected affected with the disease other than Tuberculosis and Cysticerci ... ..	41.78	0.30	5.89	17.54
<i>Tuberculosis only:</i>				
Whole carcasses condemned ... ..	33	8	—	5
Carcasses of which some part or organ was condemned ... ..	851	—	—	—
Percentage of the number inspected infected with tuberculosis ... ..	10.37	0.08	—	0.87
<i>Cysticercosis:</i>				
Carcasses of which some part or organ was condemned ... ..	78			
Carcasses submitted to treatment by refrigeration... ..	78			
Generalised and totally condemned...	—			
Percentage of the number inspected affected with cysticerci ... ..	0.92			

Total weight of edible meat and offal condemned at the public abattoir during 1956: 20 tons, 14 cwts, 3 qtrs, 14lbs.

FOODSTUFFS SURRENDERED FOR CONDEMNATION  
FROM MARKETS AND SHOPS

Tinned Meat, Fish and Poultry	...	...	...	3,885 tins
Tinned Fruit and Vegetables...	...	...	...	5,387 tins
Meat and Poultry	...	...	...	7,144 lbs.
Fruit and Vegetables	...	...	...	1,450 lbs.
Wet Fish	...	...	...	2,045½ stones
Dried Fish	...	...	...	429 stones
Shell Fish	...	...	...	121½ stones
Cake and Pudding Mixes, Confectionery, Preserves,				
Soups and Jellies...	...	...	...	2,634¾ lbs.
Sauces and Pickles	...	...	...	80 jars
Miscellaneous Tinned Goods	...	...	...	840 tins

DISEASES OF ANIMALS ACTS

*Tuberculosis Order of 1938*

Under the above Order, four premises were reported to the Divisional Veterinary Officer, Ministry of Agriculture, Fisheries and Food as a result of finding congenital tuberculosis in eight calves, four of which were unidentifiable in the slaughterhouse. As a consequence of visits and inspections of the herds involved, two cows were destroyed. Upon post-mortem examination, two cows were found to be affected with advanced tuberculosis.

*Anthrax Order of 1938*

In the public abattoir, one lair, where the sudden death of a cow had occurred, was declared to be an infected place. Laboratory investigation was carried out by the Ministry of Agriculture, Fisheries and Food, and Anthrax was not confirmed in this instance.

On two occasions at a local knacker's yard, whilst boning out a beast carcase a knackerman found lesions suggestive of Anthrax. These beasts had died suddenly, on premises outside the County Borough but, had been released, after veterinary inspection to the knacker's yard. On both occasions the carcase and offal, and other contaminated meat, offal and hides, were cremated and the premises disinfected. Anthrax was subsequently confirmed.

*Sheep Scab Order of 1938*

One notification of intention to dip sheep was received and arrangements were made for a police officer to be present at the sheep dipping to ensure that the requirements of the above mentioned Order were complied with.

*Swine Fever Order of 1938*

Three cases of suspected Swine Fever were reported to the Animal Health Division of the Ministry of Agriculture, Fisheries and Food. Investigations involving post-mortem examinations of pigs which had died on smallholdings were carried out and one outbreak of Swine Fever was confirmed, the premises concerned being outside the County Borough.

*Regulation of Movement of Swine Order of 1954*

All swine arriving on premises in the County Borough were visited by police officers during the prescribed detention period. Three visits were made by the inspector of the local authority in order to licence the movement of 18 pigs to the public abattoir for slaughter.

*Fowl Pest Orders of 1936 and 1947*

No outbreaks of Fowl Pest occurred in the County Borough during the year.

*Slaughter of Animals Acts, 1933 to 1954*

The register of slaughtermen showed that 33 licences were in operation at the end of the year.

## PLACES OF ENTERTAINMENT

Conditions in theatres and cinemas in the Borough were, in general, good. Minor defects found on inspection were brought to the notice of the managers concerned and were remedied without the necessity for formal notice.

The back-stage area of one theatre was reconstructed and a new block of dressing room accommodation was provided.

One cinema closed down during the year. The possibility of its re-opening as a theatre was considered, but owing to structural deterioration and lack of dressing room facilities it was decided that the cost of reconstruction would be too great.

Application was made for the re-opening of another cinema which had been closed for some time. Again the structure and decorative condition had deteriorated so badly that it was impossible for the premises to be re-licensed without a great deal of reconstruction.

## SMOKE ABATEMENT

In a holiday resort the problem of smoke abatement from commercial and industrial premises is not particularly onerous. There are a few brewery, hotel, laundry, hospital and dance hall chimneys that occasionally cause trouble but undoubtedly the problem in a holiday resort is the domestic chimney.

The available supplies of smokeless fuels will be required to be diverted to the industrial areas for some considerable time and I do not anticipate that holiday resorts will be able to declare their area to be a smoke control area for the next few years because of the greater needs of the Midlands and North of England.

Boiler and space heating plants have been improved in a number of cases during the year and the Regional Hospital Board are to carry out alterations to the boiler plant in two local hospitals. The demand by persons erecting new factory premises, and, in cases of alterations to existing factories, is for plant using fuel oils. The local Act provisions in respect of obtaining approval of new plant have worked well.

The height of chimneys in new factories is an important factor. In two factories, situate in residential areas, complaints have been received of the smell of oil fumes. Whilst smoke may be absent the smell from the chimney effluent can be nauseating.

## CLEANSING CENTRE

During the year 800 articles were dealt with in the steam disinfectors. These articles were mainly in connection with elderly persons in need of care and attention. All such cases are referred to the Chief Public Health Inspector by the Geriatric Health Visitor and arrangements are made to clean the home and deal with bedding and articles of clothing that require washing and/or disinfection.

The staff of the Health Department engaged on cleansing, disinfection and rodent control are based on the Cleansing Centre and the work of cleansing of rooms occupied by old persons is one of their duties. In addition, a woman is



employed, part-time, to bath female persons, visit old people to give blanket baths in their homes, should it not be possible to transport them to the Cleansing Centre for attention, and also to wash and iron the clothing of old persons who are incontinent, etc., and living in their own homes. The Cleansing Centre staff also assist in this work. This service is a necessity in any scheme for the care of the elderly and may have to be extended during the next few years.

A further matter which should receive the attention of local authorities is the state of rooms occupied by old people, after accumulations of rags, rubbish, insanitary bedding have been removed. The Home Help Service wash the floors and clean and tidy the rooms but unfortunately the decorative state of the rooms is not dealt with. As all public health workers know, the decorative state of such rooms is deplorable and especially where oil stoves are used for cooking. If the accent is to be on home treatment of old persons, this problem must receive attention. In most cases old persons occupy rooms in houses owned by private landlords.

In order to brighten up and provide more cheerful surroundings for these people the local authority would have to consider spending money to improve privately-owned property. In Brighton we are fortunate in having a charitable trust, some of the income from which can be used for such purposes. A few old people have had their conditions improved by having the walls and ceilings of their rooms redecorated, but the number is very small. It is much cheaper to try to improve conditions in the homes of elderly people than to move them into hospitals or Part III accommodation.

#### VERMIN CONTROL

It has been the practice, since the war, not to disinfest the furniture of all tenants being re-housed from condemned properties as a routine measure. Normally each house and the furniture is carefully inspected and the decision is made upon the merits (or de-merits) of the case. In the Seventh Report of the Central Housing Advisory Committee, issued by the Ministry of Housing and Local Government in December, 1956, this method is agreed. Looking back over the past thirty years, the incidence of vermin infestation by bugs has greatly diminished. It is the exception rather than the rule to find bed bugs in houses. There is still some infestation by fleas, but even this is on the decline but the improvement is not so spectacular as that relating to bed bugs.

The large furniture van, specially fitted for dealing with the disinfestation as well as the removal of infested furniture, has already proved its worth. The re-housing of tenants from the latest clearance areas will keep the van in use to the full. It may be said here that this method of removal, obviating the engagement of a private contractor with the consequent increase in costs, has been welcomed by the families concerned. On this point again the procedure is endorsed by the Central Housing Advisory Committee Report. It certainly has helped, in the words of the Report, "where the tenant's agreement to move is needed to facilitate the process of slum clearance".

240 rooms have been disinfested in 106 premises.

27 houses have been thoroughly cleansed, in addition to disinfestation, where old persons have been found in unsatisfactory conditions.

Six schools have been disinfested during outbreaks of sonnei dysentery and 99 classrooms sprayed because of flea infestations.

The staff of the Cleansing Centre have also dealt with 18 wasps nests and have made 147 visits to premises to eradicate cockroach and insect infestations other than bed bugs and fleas.

The facilities for personal cleansing have also become better known to the various nursing and social organisations. 68 males and 29 females have been bathed at the Centre, some of them returning regularly.



The most noticeable trend in the work of the Cleansing Centre is the great increase in the amount of laundering done there.

At the present time there are two Bendix electric washing machines and one rotary drier. A small electric ironing machine is provided and hand electric irons. Only a small number of cases can be dealt with in each week and they are referred to the Centre by the Health Visitors, Queen's Nurses, W.V.S. and similar organisations.

The service was originally intended to deal with the bedding and personal clothing of chronically sick and incontinent patients, who were ill at home. The service given has now become more widely known and has increased to such an extent that the machines can only just cope with the work and have in fact, had to be given attention to avoid "seizing up" on occasion. In addition, a van is engaged for part of each day in the collection and return of laundry. During the year 1,221 collections were made, and at present laundry is being done for 84 persons regularly, apart from occasional and emergency calls. The greatest difficulty outstanding is the drying of sheets and clothing during inclement weather as, in many instances, the persons concerned have no proper change of linen.

This laundry service, in addition to dealing with the sick, is also greatly in demand by aged people living in dirty conditions. Reports of such persons are received in ever-growing numbers.

Number of visits—Vermin, Bugs and Fleas	...	...	360
Rooms Disinfested	...	...	240
Classrooms in Schools Disinfested	...	...	99
Houses Disinfested	...	...	106
Charges recovered	...	...	£154 1 6
Charges not recovered...	...	...	£92 10 0
Cleansing of Premises, Old People, removal and cleansing of bedding and furniture, etc.	...	...	27
Slum Clearance Properties Removal and Disinfesta- tion	...	...	9
Wasps nests dealt with	...	...	18

#### RODENT CONTROL

A summary of work carried out during the year:

	<i>Local Authority</i>	<i>Dwelling Houses</i>	<i>Other Premises</i>	<i>Total</i>
<i>Properties Inspected:</i>				
Notifications	58	494	149	701
Survey under Act	65	687	167	919
Otherwise	1	218	1,374	1,593
<i>Number of Properties Found to be Infested:</i>				
Rats	10	259	53	322
Mice	39	172	89	300
Number of properties treated	49	392	120	561

#### SEWER TREATMENTS

Two sewer treatments were carried out—one in April and one in October. The results of these treatments confirm the opinion that the residual rat population of the sewers is very small and the treatments carried out have been very successful.

	<i>No. of manholes</i>	<i>No. of prebaits taken</i>	<i>No. of complete takes</i>
April	401	135	59
October	427	102	49

## LOCAL ADMINISTRATION—FACTORIES ACT, ETC.

*Factories Act, 1937*

INSPECTIONS						
Factories	...	...	...	...	...	638
Workplaces	...	...	...	...	...	240
Outworkers	...	...	...	...	...	129

NOTICES SERVED						
Want of Cleanliness (Sec. 1)	...	...	...	...	...	1
Unreasonable Temperature (Sec. 3)	...	...	...	...	...	—
Inadequate Ventilation (Sec. 4)	...	...	...	...	...	2
Insufficient Sanitary Conveniences	...	...	...	...	...	2
Unsuitable/defective Sanitary Conveniences	...	...	...	...	...	4
Sanitary Conveniences not separate for sexes	...	...	...	...	...	2

*Shops Acts Administration*

It is common knowledge that the administration of the Shops Acts in seaside resorts is more complicated than in most local authority areas. In addition to the general legislation there are 4 local closing orders, 5 local weekly half-holiday orders, 3 extension orders, 20 weekly half-holiday exemption orders and 17 trades which can choose their own half-day for closing. In addition, 9 orders are made under Section 40/41 (Seaside Resorts) each year and 5 orders under Section 51 relating to Sunday trading: also one partial exemption order under Section 48 Shops Act, 1950. The net result of this accumulation of orders, to persons not residents of the town, causes some confusion.

This authority has granted extended hours of trading for the four summer months to those trades which supply the needs of the visitors and day trippers. These trades include the sale of toys and fancy goods. The proposed Shops Act does not allow a local authority to extend the hours of trading by more than one hour on each day of the week. This limitation of trading will not meet the needs of seaside resorts. We are one hour's train journey from London and visitors like to do their shopping on their way to the station instead of shopping earlier and having to carry their purchases round with them for some hours before they need make their way to the station. Late shopping of this type is a necessity in a seaside resort.

Brighton enjoys a long summer season commencing in April and continuing until the end of October, and in addition there are good bookings for the winter months. The present powers to allow certain trades to open on 18 Sundays is insufficient to meet the needs of visitors to the town and help has been given to a local Association of Seasonal Traders to make their views known to members of Parliament and others. The proposed increase to 23 Sundays to be allowed under new legislation alleviates but does not meet demand. The season in seaside resorts vary in length and Brighton may be fortunate in this respect as the majority of hotels have visitors the whole year through: therefore we favour an amendment to the proposed legislation for 26 Sundays in each year.

During the year it was necessary for the Shops' Inspector to be on week-end duty on thirty occasions and for sixteen late night checks to be carried out from 9.30 p.m. to midnight.

I wish to acknowledge the help given to this Department by the Chief Constable and members of the Brighton Police Force. Their co-operation has been of material assistance in many ways.

During the year under review, the following legal proceedings were instituted against shopkeepers on twenty-eight charges. Six fines of £1 were imposed for failing to comply with the weekly half-holiday closing.

For failing to close their shops on Sundays, eight shopkeepers were fined £1, ten were fined £2 and two were fined £6.

One shopkeeper was fined £1 for failing to comply with the evening closing hour.

2,673 visits were made to shops and 728 notices served.

During the year two orders were made under Sections 40/41 and nine under Section 42. Three orders were made in respect of exhibitions.





## AMBULANCE SERVICE

RADIO  
INSTALLED  
FEBRUARY

1950 1951 1952 1953 1954 1955 1956

TOTAL MILEAGE	298,377	310,549	299,037	281,466	280,492	278,277	263,699
TOTAL PATIENTS CONVEYED	47,036	51,281	54,335	58,441	60,672	62,325	60,077
TREATMENT O. P., ETC.	16,290	17,217	20,080	21,974	22,895	23,496	22,069
TREATMENT RETURNS	14,644	15,672	18,742	20,546	21,470	22,088	20,036
HOSPITAL TO HOME	6,771	7,824	6,410	5,865	5,668	5,668	5,679
OTHERS	3,071	3,269	3,553	4,145	4,381	4,541	5,084
ACCIDENT & EMERGENCY	2,260	2,221	2,430	2,394	2,616	2,972	2,993
INTER - HOSPITAL	870	884	1,024	905	1,095	891	760
MATERNITY	910	922	892	839	882	869	883
MENTAL	554	643	653	711	756	851	991
INFECTIOUS	303	316	230	475	417	421	321
FOR OTHER L.H.A.	86	266	321	434	492	528	481
RAIL	34	110	137	286	560	593	805
HOSPITAL CAR SERVICE	1,126	878	1,108	75	495	697	761
MILES PER CASE JOURNEY	6.2	6.0	5.5	4.8	4.6	4.4	4.4
VEHICLES	11	12	12	11	11	11	11
Ambulances	8	9	9	9	9	9	9
Cars	2	2	2	2	2	2	2
STAFF	4	5	5	5	5	5	5
Officers	27	27	27	25	25	26	27
Station Officers	8	8	8	7	7	6	5
Driver-Attendants	2	4	4	4	4	4	4
Women Drivers	43	46	46	43	43	43	43
Clerk-Telephonists							
TOTALS:	43	46	46	43	43	43	43





COUNTY BOROUGH OF BRIGHTON



ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

W. S. PARKER

M.B., Ch.B., M.R.C.S., L.R.C.P., D.I.H., D.P.H.

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1956

HEALTH DEPARTMENT,  
ROYAL YORK BUILDINGS,  
BRIGHTON 1.

*July, 1957.*

*To the Members of the Brighton Education Authority*

MR. MAYOR, LADIES AND GENTLEMEN,

I wish to present my Annual Report as Principal School Medical Officer to the Brighton Education Authority.

The work carried out during the year is set out in the following pages.

The classification of the nutrition of school children has been altered so that direct comparison with other years is not now possible. The general impression is one of steady improvement.

I wish to thank the Education Committee for their consideration in sending me to the Midland Conference on Spastics in the Autumn. The wide exchange of views on occasions of this nature are always of the greatest value. The meeting was of the highest order.

I also wish to record the continuing interest of the Education Schools Service Sub-Committee and their Chairman, Councillor D. S. Y. Baker in the work of the Service.

Yours faithfully,

W. S. PARKER.

*Principal School Medical Officer.*



**EDUCATION COMMITTEE FOR THE COUNTY BOROUGH OF BRIGHTON**

Members of committees as at 31st December, 1956

**EDUCATION COMMITTEE****Chairman: Councillor E. W. Kippin**

HIS WORSHIP THE MAYOR  
(Councillor L. C. COHEN, J.P.)  
Alderman T. P. CULLEN  
" J. A. TREVELYAN LEAK  
" J. C. SHERROTT  
" Miss D. E. STRINGER  
" CHARLES TYSON, B.SC., F.C.A.  
Councillor D. S. Y. BAKER, M.B.E.  
" W. H. G. BUTTON  
" Mrs. B. CARROLL  
" S. D. DEASON  
" Mrs. J. A. EDWARDS  
" R. E. FITCH  
" G. FITZGERALD  
" Mrs. E. M. HIDER

Councillor H. W. KING  
" A. J. SADLER  
" W. F. SHELDON  
" Miss E. M. SHORT, M.R.S.T.  
" Miss J. M. K. SIMMONS, M.A.  
" W. C. TOMPSETT  
The Rev. Canon D. H. BOOTH, M.B.E., M.A.  
The Rev. R. W. R. COOK, B.A.  
Mr. E. W. R. EDE, M.B.E.  
Mr. E. J. FITZGERALD  
Mrs. S. FOWLER  
Mrs. M. G. MILLS, M.A.  
Mr. A. L. PERKINS, M.A.  
The Rev. W. A. SMITH  
Mr. F. A. STEEL

**SCHOOLS SERVICES SUB-COMMITTEE****Chairman: Councillor D. S. Y. Baker, M.B.E.**

HIS WORSHIP THE MAYOR  
(Councillor L. C. COHEN, J.P.)  
Councillor BUTTON  
" DEASON  
" Mrs. EDWARDS  
" FITCH  
" Mrs. HIDER  
" KIPPIN

Councillor Miss SHORT, M.R.S.T.  
" Miss SIMMONS, M.A.  
" TOMPSETT  
Mr. EDE, M.B.E.  
Mr. FITZGERALD  
Mrs. FOWLER  
Mr. PERKINS, M.A.

**SCHOOL ATTENDANCE AND EMPLOYMENT BRANCH SUB-COMMITTEE****Chairman: Mr. E. W. R. Ede, M.B.E.**

Councillor BAKER, M.B.E.  
" BUTTON  
" DEASON  
" Mrs. EDWARDS  
" FITCH  
" KIPPIN  
" Miss SIMMONS, M.A.  
" TOMPSETT

Mr. FITZGERALD  
Miss BLACKMAN  
Miss CORDEROY  
Mr. MARKHAM  
Mr. POTTER, B.A.  
Mrs. TILNEY  
Mr. WHEELER

**MANAGERS OF THE BRIGHTON DAY SPECIAL SCHOOL FOR  
EDUCATIONALLY SUB-NORMAL CHILDREN****Chairman: Councillor W. H. G. Button**

Alderman HAY  
" LEAK  
" Miss STRINGER  
Councillor BAKER, M.B.E.  
" Mrs. HAY  
" KIPPIN  
" SADLER

Councillor Miss SHORT, M.R.S.T.  
Mr. EDE, M.B.E.  
Mr. FITZGERALD  
Mrs. BRANFORD  
Mrs. ROBBINS  
Mr. WHEELER

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e**SCHOOLS SERVICES (APPOINTMENTS) BRANCH SUB-COMMITTEE****Chairman: Councillor D. S. Y. Baker, M.B.E.**

Councillor BUTTON  
" Mrs. HIDER  
" KIPPIN

Mr. EDE, M.B.E.  
Mrs. FOWLER  
Mr. PERKINS, M.A.

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## SCHOOL HEALTH SERVICE STAFF

### Medical Officers

- W. S. PARKER, M.B., Ch.B., M.R.C.S., L.R.C.P., D.I.H., D.P.H., Principal School Medical Officer.  
 I. D. M. NELSON, M.B., B.Ch., B.A.O., D.P.H., Deputy Principal School Medical Officer.  
 L. B. PETERS, M.B., B.S., Senior School Medical Officer.  
 L. D. WILLIAMS, *T.D.*, M.R.C.S., L.R.C.P., D.P.H., School Medical Officer.  
 MARY C. PRICE, M.B., Ch.B., C.P.H., School Medical Officer.  
 J. A. CHOLMELEY, F.R.C.S., Orthopaedic Surgeon  
 B. THORNE-THORNE, M.B., B.Chir., M.R.C.P., M.R.C.S., D.O. } Part-time  
 Specialists

### Dental Officers

- D. MACKAY, L.D.S., U.St. And., Principal School Dental Officer.  
 B. A. RILOT, L.D.S.R.C.S., School Dental Officer.  
 PAULINE OSIS, D.D.D., School Dental Officer.  
 R. H. THOSEBY, L.D.S.R.C.S., School Dental Officer.  
 N. R. W. SPACEK, M.B., D.A., F.F.A.R.C.S., Anaesthetist (part-time).  
 I. DROTH, L.D.S.R.C.S. (from 2-1-56).

### Speech Clinic

- Miss V. ROBINSON, L.C.S.T. (to 31-8-56)  
 Miss M. GODFREY, L.C.S.T.

### Orthopaedic Clinic

- Miss J. M. GOLDSMITH, M.C.S.P., Senior Physiotherapist.  
 Mrs. D. McNULTY, M.C.S.P., Assistant Physiotherapist.

### School Nurses

- |                                      |                    |
|--------------------------------------|--------------------|
| Miss A. WEBBER*, Senior School Nurse | Mrs. A. TURNER*    |
| Mrs. M. REED                         | Miss E. WATTERSON* |
| Miss A. ORRIDGE*                     |                    |

\*Health Visitors Certificate

### Clerical Staff

- |                                |                                       |
|--------------------------------|---------------------------------------|
| Mr. F. N. WRIGHT, Senior Clerk | Miss D. SHIER (to 11-8-56)            |
| Miss V. I. NANSAWEN            | Miss E. JAMES (from 20-8-56)          |
| Miss C. GREEN (to 30-6-56)     | Mrs. M. BIRD (Temporary from 16-7-56) |
| Mrs. P. BELLIS                 |                                       |

### Dental Attendants

- |   |                               |
|---|-------------------------------|
| Miss D. SILVER, Senior Dental Attendant | Miss A. POTTER                |
| Mrs. P. PLAINE                          | Miss A. MAJOR                 |
| Mrs. D. MORLEY (to 2-11-56)             | Miss A. ELLIS (from 26-11-56) |
| Miss E. GYLES                           |                               |

The population of Brighton at mid-1956 was 156,000, of which 21,401 were school children in maintained schools. There has been an increase in the school population with resultant increase in the services required.

TABLE I

## SCHOOL POPULATION

		<i>No. of schools</i>	<i>Average number on registers</i>	<i>Average attendance</i>	<i>Percentage of attendance</i>
County Secondary ...	...	17	6,606	6,090	92.2
Voluntary Secondary	...	1	284	249	87.7
County Primary ...	...	33	11,488	10,265	89.3
Voluntary Primary...	...	14	2,559	2,267	88.6
		<hr/> 65 <hr/>	<hr/> 20,937 <hr/>	<hr/> 18,871 <hr/>	<hr/> 90.1 <hr/>
Day Special School for E.S.N. Children ...	...	1	138	122	88.4
Nursery ...	...	2	80	69	86.2

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Brighton, Hove and Sussex Grammar (Jointly main- tained by Brighton and East Sussex Education Authorities) ...	...	1	529*	507	96.6
--	-----	---	------	-----	------

\*246 pupils belong to Brighton

272 pupils belong to East Sussex

11 pupils belong to other education authorities

## MEDICAL INSPECTIONS IN 1956

The arrangements made by the Authority for the medical inspection of pupils attending schools maintained by the Authority are those prescribed in Regulation 10 (1) (a) of the School Health Service and Handicapped Pupils Regulations, 1953, which requires:—

“a general medical inspection of every pupil on not less than three occasions at appropriate intervals during the period of his compulsory school age and other medical inspections of any pupil on such occasions as may be necessary or desirable:

Provided that there may be fewer than three general medical inspections for any pupil who attends schools maintained by the Authority for less than the period of his compulsory school age or, if the Ministry approves, for all pupils.”

TABLE II

## MEDICAL INSPECTION RETURNS

*Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools.*

## A.—PERIOD MEDICAL INSPECTIONS

Age Groups inspected and Number of Pupils examined in each:—

Entrants	...	...	...	...	...	...	...	2,050
Intermediate	...	...	...	...	...	...	...	2,103
Leavers	...	...	...	...	...	...	...	1,603
Total								5,756
Additional Periodic Inspections	...	...	...	...	...	...	...	1,126
Grand Total								6,882

## B.—OTHER INSPECTIONS

Number of Special Inspections	...	...	...	...	...	3,746
Number of Re-inspections	...	...	...	...	...	4,601
					Total	8,347

The attendance of parents at school medical inspections during the year continued to be satisfactory. 91% of parents attended the initial examination of entrants; 76% attended the intermediate examination, and 26% attended the medical examination of school leavers.

TABLE III

*Pupils found to require Treatment*

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected	For defective vision (excluding squint)	For any of the other conditions recorded in Table V	Total individual pupils
Entrants ... ..	21	472	492
Intermediate ... ..	58	211	264
Leavers ... ..	45	108	147
TOTAL ... ..	124	791	903
Additional Periodic Inspections ...	44	198	237
GRAND TOTAL ...	168	989	1,140



The former heading "Classification of the General Condition" has been replaced by "Classification of the Physical Condition". Two categories only are provided for, *i.e.*, "Satisfactory" and "Unsatisfactory". In previous years the nomenclature of good, fair and poor were used. This alteration makes direct comparison with former years unrealistic. I am pleased to report that the general condition of the school child continues to improve.

TABLE IV

*Classification of the Physical Condition of Pupils Inspected in the Age Groups Recorded in Table I I(a).*

Age Groups Inspected	Number of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col. (2)	No.	% of Col. (2)
Entrants ... ..	2,050	2,009	98.00	41	2.00
Intermediate ... ..	2,103	2,033	96.67	70	3.33
Leavers ... ..	1,603	1,564	97.57	39	2.43
Additional Periodic Inspections ... ..	1,126	1,103	97.96	23	2.04
TOTAL ... ..	6,882	6,709	97.49	173	2.51

TABLE V

*Return of Defects found by Medical Inspection in the year ended 31st December, 1956*

## A.—PERIODIC INSPECTIONS

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS				Total (including all other age groups inspected)	
		Entrants		Leavers			
		Requiring Treatment (3)	Requiring Observation (4)	Requiring Treatment (5)	Requiring Observation (6)	Requiring Treatment (7)	Requiring Observation (8)
(1)	(2)						
4	Skin ... ..	15	13	8	11	27	49
5	Eyes:						
	(a) Vision ... ..	21	127	45	65	168	367
	(b) Squint ... ..	40	30	—	2	52	24
	(c) Other ... ..	—	2	1	1	6	3
6	Ears:						
	(a) Hearing ... ..	5	14	4	4	19	28
	(b) Otitis Media ... ..	4	10	1	1	7	14
	(c) Other ... ..	—	—	1	2	1	8
7	Nose and Throat ... ..	191	227	20	19	295	366
8	Speech ... ..	34	21	3	1	56	30
9	Lymphatic Glands ... ..	3	31	—	1	5	49
10	Heart ... ..	11	33	5	18	36	92
11	Lungs ... ..	30	68	6	8	85	107
12	Developmental:						
	(a) Hernia ... ..	1	8	—	—	2	10
	(b) Other ... ..	3	40	1	10	6	99
13	Orthopaedic:						
	(a) Posture ... ..	30	21	18	16	103	75
	(b) Feet ... ..	29	20	9	12	115	66
	(c) Other ... ..	69	34	27	36	191	122
14	Nervous System:						
	(a) Epilepsy ... ..	1	1	—	—	3	7
	(b) Other ... ..	5	37	2	16	11	105
15	Psychological:						
	(a) Development ... ..	—	9	—	5	2	30
	(b) Stability ... ..	1	1	—	3	1	6
16	Abdomen ... ..	—	2	—	—	2	12
17	Other ... ..	2	17	1	7	16	40

**TABLE V**—*continued*  
B.SPECIAL INSPECTIONS

Defect Code No.  (1)	Defect or Disease  (2)	SPECIAL INSPECTIONS	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin ... ..	15	—
5	Eyes:		
	(a) Vision ... ..	162	62
	(b) Squint ... ..	21	—
	(c) Other ... ..	14	6
6	Ears:		
	(a) Hearing ... ..	17	10
	(b) Otitis Media ... ..	12	—
	(c) Other ... ..	2	1
7	Nose and Throat ... ..	111	41
8	Speech ... ..	47	3
9	Lymphatic Glands ... ..	3	4
10	Heart ... ..	8	6
11	Lungs ... ..	79	27
12	Developmental:		
	(a) Hernia ... ..	1	—
	(b) Other ... ..	—	1
13	Orthopaedic:		
	(a) Posture ... ..	35	9
	(b) Feet ... ..	70	10
	(c) Other ... ..	119	18
14	Nervous System:		
	(a) Epilepsy ... ..	—	3
	(b) Other ... ..	6	10
15	Psychological:		
	(a) Development ... ..	49	12
	(b) Stability ... ..	17	8
16	Abdomen ... ..	2	2
17	Other ... ..	53	14

**TABLE VI**

Number of Children Examined other than Routine Medical Inspections.

Pupils presented by a teacher or parent for suspected defect:

In schools ... ..	30
In clinic ... ..	753

Other special inspections for mental and physical defects, employment, boarded-out children, etc. ... ..

2,963  
3,746

Re-inspection of pupils previously found to have some Defect:

In schools ... ..	4,084
In clinic ... ..	517

4,601

In connection with the medical inspection of children in school, the question of reasonable accommodation is an important matter. It is therefore not inappropriate to give some idea as to the ideal in this connection.

The prime considerations are quiet surroundings and privacy. The rooms used should be adequately provided with heating and washing facilities and should be light and airy.

All medical inspections in schools were completed during the year and it is pleasant to record our debt to the co-operation of teaching staff.

TABLE VII

*Central and Branch Clinics*

Clinic	Times of Attendance	Work Undertaken
<i>Central School Clinic, Sussex Street:</i>	Full-time	Centre for examination of special cases, ophthalmic, orthopaedic and speech clinics. Inspection, minor ailment and immunisation clinics. Routine dental treatment and dental treatment of emergency cases. General anaesthetics and dental radiography. Infant Welfare appointments.
<i>Branch Medical Clinics:</i>		
Moulsecomb School	Thursday afternoons	Minor ailment (Nurse only)
Whitehawk C.S. Boys' School	Friday afternoons	Minor ailment (Nurse only)
Patcham Infants' School	Alternate Wednesday afternoons	Minor ailment (Nurse only)
Carden Infants' School	Alternate Wednesday afternoons	Minor ailment (Nurse only)
Carden Junior School	Monday afternoons	Speech therapy
Whitehawk Infant Welfare Centre	Tuesday afternoons	Speech therapy
Woodside School	Tuesday mornings	Speech therapy
Moulsecomb C.S. Girls' School	Wednesday all day	Speech therapy
<i>Branch Dental Clinics:</i>		
Carden Junior School	Tuesday all day	Emergency cases, routine appointments Infant Welfare appointments
ditto	Wednesday mornings	Routine appointments
ditto	Friday all day	Emergency cases, routine appointments
Whitehawk Infant Welfare Centre	Monday all day	Emergency cases, routine appointments Infant Welfare appointments
ditto	Thursday all day	Emergency cases, routine appointments
Moulsecomb School	Monday all day	Routine appointments Infant Welfare appointments
ditto	Tuesday all day	Emergency cases, routine appointments
ditto	Thursday all day	Routine appointments
ditto	Friday all day	Emergency cases, routine appointments
<i>Child Guidance Clinic, Princes Street:</i>	Tuesday all day Thursday all day	Child Guidance
<i>Cleansing Station, Circus Street:</i>	Full-time	Scabies and verminous treatment

**ARRANGEMENTS FOR INSPECTION***Inspection Clinics:*

These are held twice weekly. During the year 753 children made 912 attendances. These children were referred where necessary to their private practitioners, to the minor ailment or specialist clinics.

Number of cases treated ... .. 2,913  
 Total number of attendances ... .. 8,288

The following table gives the various defects treated:

**TABLE VIII**      *Conditions Treated*

Condition	Sussex Street			Moulsecoomb			Patcham and Carden			Whitehawk		
	Cases	Re-exams	Total atts.	Cases	Re-exams	Total atts.	Cases	Re-exams	Total atts.	Cases	Re-exams	Total atts.
External Eye—												
Blepharitis ...	67	167	234	7	19	26	2	2	4	10	3	13
Conjunctivitis ...	69	249	318	9	27	36	—	—	—	17	14	31
Other ...	58	157	215	8	15	23	1	1	2	35	5	40
Ear—												
Earache ...	80	167	247	16	20	36	3	3	6	10	10	20
Otorrhoea ...	44	132	176	2	9	11	—	—	—	15	30	45
Deafness ...	9	6	15	—	—	—	—	—	—	—	—	—
Skin—												
Ringworm—Scalp ...	—	—	—	—	—	—	—	—	—	—	—	—
Body ...	—	—	—	—	—	—	—	—	—	—	—	—
Scabies ...	19	19	38	—	—	—	—	—	—	—	—	—
Impetigo ...	58	235	293	24	16	40	—	—	—	4	11	15
Other ...	173	230	403	136	60	196	—	—	—	104	47	151
Miscellaneous— (e.g., Minor injuries, burns, sores, etc.) ...	1,012	3,312	4,324	243	200	443	67	84	151	611	125	736



*Defective Vision:*

At the ophthalmic clinic, 43 sessions were held by the consultant ophthalmic surgeon. The total number of cases dealt with was 690, of these 345 were new cases. Glasses were prescribed for 403 children. The remainder either had suitable spectacles, did not require them, or required other forms of treatment for which they were referred to the minor ailment clinic or for further investigation at the Sussex Eye Hospital.

**TABLE IX***Eye Diseases, Defective Vision and Squint*

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction (including squint) ... ..	283	Not available
Errors of refraction (including squint) ... ..	—	619 Eye Hos. 690 Schl. Cl.
TOTAL ... ..	283	1,309
Number of pupils for whom spectacles were prescribed	—	706

*Nose and Throat Defects:*

785 pupils were examined for conditions relating to their tonsils and adenoids of which 377 were referred for treatment. The remainder were kept under observation.

**TABLE X***Diseases and Defects of Ear, Nose and Throat*

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
Received operative treatment:		
(a) for diseases of the ear ... ..	—	37
(b) for adenoids and chronic tonsillitis ... ..	—	785
(c) for other nose and throat conditions ... ..	—	136
Received other forms of treatment ... ..	179	27
TOTAL ... ..	179	985
Total number of pupils in schools who are known to have been provided with hearing aids:		
* (a) in 1956 ... ..	—	—
(b) in previous years ... ..	—	4

\*NOTE.—A pupil recorded under (a) above should not be recorded at (b) in respect of the supply of a hearing aid in a previous year.

*Cardiac Clinic:*

During the year 40 new cases were referred to this clinic and details of types of defects found is given below. 58 re-examinations were carried out, 23 being girls and 35 being boys.

**TABLE XI****Types of Heart Defect seen during the year.**

	Infants	Juniors	Seniors	TOTAL
Congenital pulmonary stenosis ...	1	—	—	1
Incidental and innocent murmurs ...	7	4	1	12
Slight mitral lesion ...	2	—	1	3
Diagnosis not established... ..	2	—	—	2
Heart healthy ... ..	5	9	8	22
	17	13	10	40

It is regretted that hospitality is still being given generously to the louse in this country. The number of individual pupils found to be infested was 394. The increase in scabies, 19 cases treated during the year as compared with 7 in 1955, was largely accountable by its occurrence in families, only 5 cases occurring in single members of a family.

**TABLE XII***Infestation with Vermin*

(i) Total number of individual examination of pupils in schools by school nurses or other authorised persons... ..	51,285
(ii) Total number of individual pupils found to be infested ...	394
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ...	290
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ...	3

**TABLE XIII***Cases treated at Cleansing Centre:*

Number of individual pupils treated ... ..	290
Number of cases ... ..	644
Number of scabies treated ... ..	19

**TABLE XIV***Nurses' Inspections:*

Cleanliness examinations of children in schools ... ..	51,285
Visits to school departments ... ..	1,219
Home visits ... ..	1,363
7-year vision testing in school ... ..	1,676

TABLE XV

Diseases of the Skin (excluding uncleanness for which see Table XII)						Number of cases treated or under treatment during the year by the Authority
Ringworm: (i) Scalp	...	...	...	...	...	—
(ii) Body	...	...	...	...	...	—
Scabies	...	...	...	...	...	19
Impetigo	...	...	...	...	...	86
Other skin diseases	...	...	...	...	...	413
TOTAL						518

TABLE XVI

Other Treatment given:						
(a) Number of cases of miscellaneous minor ailments treated by the Authority	...	...	...	...	...	1,933
(b) Pupils who received convalescent treatment under School Health Service arrangements	...	...	...	...	...	—
(c) Pupils who received B.C.G. vaccination	...	...	...	...	...	—
(d) Other than (a), (b) and (c) above (specify).	...	...	...	...	...	—
1	.....					
2	.....					
3	.....					
4	.....					
TOTAL (a)—(d)						1,933

*Handicapped Pupils:*

The ascertainment of children requiring special educational treatment proceeded throughout the year. The following table shews the number of children recommended in the various categories requiring education at special schools in 1956:

TABLE XVII

Handicapped Pupils ascertained in the year:

(a) Blind	...	...	...	...	...	...	...	0
(b) Partially sighted	...	...	...	...	...	...	...	1
(c) Deaf	...	...	...	...	...	...	...	1
(d) Partially deaf	...	...	...	...	...	...	...	3
(e) Educationally sub-normal	...	...	...	...	...	...	...	48
(f) Epileptic	...	...	...	...	...	...	...	—
(g) Maladjusted	...	...	...	...	...	...	...	7
(h) Physically handicapped	...	...	...	...	...	...	...	1
(i) Speech	...	...	...	...	...	...	...	1
(j) Delicate	...	...	...	...	...	...	...	18

In addition 9 children were also classified as educationally sub-normal and recommended for special educational treatment at ordinary schools. Two of these children were later recommended for our Day Special School.

Handicapped pupils are more and more becoming a major element in the work of the school health service. In considering these children we cannot merely regard them as children but also as potential adults holding down an economical job in competition with normal people. The condition of the child may preclude such an ambitious outlook but it is an aim which must be always kept in view. Merely to send a child away for its total school life to a special school and to sit back complacently without a thought for its future as a citizen, is not carrying out the real purpose of the Handicapped Pupils Regulations. Obviously we must consider the various influences in the child's life and here the attitude at home can be important. Liaison with Youth Employment Bureaux is important at a reasonably early time.

TABLE XVIII

*Handicapped Children maintained by the Brighton Education Committee in Special Schools and Independent Schools as at 31st December, 1956.*

NAME OF SCHOOL	Blind	Partially Sighted	Deaf	Partially Deaf	Educationally Sub-Normal	Maladjusted	Delicate	Physically Handicapped	Speech Defect	Epileptic	Total
(a) RECOGNISED SCHOOLS:											
All Souls' ... ..	—	—	—	—	1	—	—	—	—	—	1
Barclay ... ..	—	2	—	—	—	—	—	—	—	—	2
Blatchington Court...	—	3	—	—	—	—	—	—	—	—	3
Bruce Porter ... ..	—	—	—	—	—	—	—	1	—	—	1
Chaigeley ... ..	—	—	—	—	—	2	—	—	—	—	2
Ciceley Haughton ...	—	—	—	—	1	—	—	—	—	—	1
Condoover Hall ... ..	1	—	—	—	—	—	—	—	—	—	1
Dedisham ... ..	—	—	—	—	—	—	1	—	—	—	1
Hinwick Hall ... ..	—	—	—	—	—	—	—	2	—	—	2
Holy Cross ... ..	—	—	—	—	—	—	1	—	—	—	1
Lingfield ... ..	—	—	—	—	—	—	—	—	—	1	1
Nutfield Priory ... ..	—	—	1	—	—	—	—	—	—	—	1
Oak Bank ... ..	—	—	—	—	—	—	1	—	—	—	1
Pilgrims ... ..	—	—	—	—	—	—	1	—	—	—	1
Portley House ... ..	—	—	1	—	—	—	—	—	—	—	1
Rayners ... ..	—	—	1	—	—	—	—	—	—	—	1
Royal London Society ...	3	—	—	—	—	—	—	—	—	—	3
Royal School, Margate ...	—	—	5	—	—	—	—	—	—	—	5
Rudolf Memorial ... ..	—	—	—	—	—	1	—	—	—	—	1
St. Catherine's ... ..	—	—	—	—	—	—	2	—	—	—	2
St. Dominic's ... ..	—	—	—	—	—	—	3	—	—	—	3
St. Elizabeth's ... ..	—	—	—	—	—	—	—	—	—	1	1
St. Francis, Dorset...	—	—	—	—	—	2	—	—	—	—	2
St. Joseph's ... ..	—	—	—	—	1	—	—	—	—	—	1
St. Mary's ... ..	—	—	—	—	1	—	—	—	—	—	1
St. Michael's... ..	—	—	—	—	—	—	—	1	—	—	1
St. Vincent's... ..	—	—	—	—	—	—	4	—	—	—	4
Ovingdean ... ..	—	—	—	8	—	—	—	—	—	—	8
Staplefield Place ... ..	—	—	—	—	—	—	—	1	—	—	1
Swalcliffe Park ... ..	—	—	—	—	—	1	—	—	—	—	1
(b) INDEPENDENT SCHOOLS:											
Caius ... ..	—	—	—	—	—	1	—	—	—	—	1
Hamilton Lodge ... ..	—	—	8	2	—	—	—	—	—	—	10
Peredur ... ..	—	—	—	—	—	1	—	—	—	—	1
Widdicombe House...	—	—	—	—	1	1	—	—	—	—	2
TOTALS ... ..	4	5	16	10	4	10	13	5	—	2	69

NOTE.—This return does not include children in day special, hospital special or camp schools.

*Woodside Day Special School for Educationally Sub-Normal Pupils:*

Admissions ... ..	53
Discharges ... ..	19
The Number in Register on 31st December, 1956...	159

TABLE XIX

*Child Guidance Treatment*

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority. ... ..	118
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*Youth Employment:*

Liaison was continued with this service to ensure that where there is likely to be some limitation in employability due to medical reasons, special help can be given.



## ORTHOPAEDICS

Mr. J. A. Cholmeley, F.R.C.S., Consultant Orthopaedic Surgeon reports on the work of the Orthopaedic Department:—

During the past year there has been a slight decline in the number of patients referred from the School and Welfare Clinics to the Surgeon's sessions at the orthopaedic clinic; this particularly applies to Welfare cases. There has also been a slight reduction of the number attending Physiotherapy clinics for treatment. These figures reflect the steady improvement in the state of health of the children of the country.

Five new cases of cerebral palsy and three of poliomyelitis were seen during the year and put on to treatment. Treatment of these cases, particularly the former, is time consuming and requires much patience and ingenuity, the children have to be treated individually and often entirely on their own to get the necessary relaxation and co-operation.

Brighton was fortunate in having few cases of poliomyelitis during the summer of 1956 but several cases occurred late in the year. Many of these will need prolonged out-patient physiotherapy after discharge from hospital which will increase the work done out of all proportion to the number of patients seen and treated.

The orthopaedic clinic is fortunate in having the exclusive use of the St. Luke's School swimming baths for two sessions for six months of the year. Children with neuro-muscular disorders such as poliomyelitis and cerebral palsy amongst other conditions are much helped by exercises in warm water under the supervision of a physiotherapist.

The clinic has also an arrangement with the Infantile Paralysis Fellowship so that cases of poliomyelitis can join their sessions, once a fortnight, at the King Alfred swimming baths.

### TABLE XX

*Group 3—Orthopaedic and Postural Defects*

	By the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patient departments ... ..	997	110

### TABLE XXI

*Classification by Department of Orthopaedic Patients*

The number of children treated for the different Departments was:

1. EDUCATION DEPARTMENT					1955
Number of children treated ... ..				997	(1,060)
Total number of attendances ... ..				4,905	(5,183)
Number discharged (not including surgeon's cases)				160	(204)
HEALTH DEPARTMENT					
Number of children treated ... ..				374	(414)
Total number of attendances ... ..				1,850	(2,173)
Number discharged (not including surgeon's cases)				52	(101)

2. SURGEON'S SESSIONS						1955
Number of sessions	...	...	...	...	...	24 (25)
Number of new cases referred from School Clinic	...	...	...	...	...	60 (62)
Number discharged	...	...	...	...	...	56 (73)
Number of new cases referred from Health Department	...	...	...	...	...	27 (53)
Number discharged	...	...	...	...	...	31 (55)
Number of re-examinations	...	...	...	...	...	340 (434)
3. SWIMMING BATH EXERCISES						
Number of sessions	...	...	...	...	...	28 (21)
Number of children	...	...	...	...	...	39 (55)
Number of attendances	...	...	...	...	...	268 (470)
4. IN-PATIENT TREATMENT AT R.N.O.H., STANMORE, MIDDLESEX						
Education	...	...	...	...	...	15 (13)
Health	...	...	...	...	...	9 (18)

### SPEECH THERAPY

For the best part of 1956, work in all departments of the speech therapy clinic continued without interruption. A new clinic was opened in April at the Woodside Day Special School for educationally sub-normal children and proved very rewarding.

In September, Miss Robinson left and Miss Godfrey worked single-handed. On Miss Robinson's departure, Moulsecoomb, Whitehawk and Woodside clinics had to be closed temporarily. A new speech therapist, Miss Woodward has been appointed however, to commence duties in January, 1957.

The Grundig Tape Recorder has been most useful for measuring progress made by some children over a period of time. Small advances are sometimes overlooked but recordings made of the children from time to time help us and the children to realise that progress.

In 1956, the speech therapists were invited to take part in the Dental Exhibition at the Dome. The aim was to show how much the dentist and speech therapist are valuable allies in the treatment of certain types of speech defects. Speech therapy can in some cases also be helped by the Educational Psychologist and Child Guidance Clinic where appropriate.

Above all it cannot be stressed too strongly that practice of the exercises given by the speech therapists in the home and encouragement by the parents, are of vital importance in the success of treatment. One cannot learn to play the piano merely by going to a teacher once a week and doing no practice at home.

TABLE XXII

Number of pupils treated by Speech Therapists under arrangements made by the Authority:—

1955

Number of children treated	...	...	...	...	297	(302)
Number of new cases	...	...	...	...	113	(113)
Total number of attendances	...	...	...	...	2,986	(3,603)
Number on waiting list as at 31st December...	...	...	...	...	23	(24)
Number discharged	...	...	...	...	132	(97)
Discharged cured	...	...	...	...	82	
Discharged N.A.D.	...	...	...	...	10	
Own discharge (lack of attendance or treatment refused)	...	...	...	...	34	
Left district or school	...	...	...	...	7	

**TABLE XXIII**

Types of cases treated:—

Dyslalia (faulty articulation)	...	...	101
Stammer	...	...	88
Sigmatism (lisp)	...	...	84
Cleft Palate	...	...	10
Dysarthria	...	...	10
Nasal Speech	...	...	4

**NUTRITION***Meals and Milk:*

The number of children receiving mid-day dinners and milk at maintained schools on selected dates was as under:—

<i>Date</i>	<i>Number of dinners</i>	<i><math>\frac{1}{3}</math> pints of milk</i>	<i>Number of children at school</i>
Oct., 1956	7,933	17,683	20,494
Oct., 1955	7,882	17,212	20,275

The number of children receiving milk at non-maintained schools in October, 1956, was 3,921 (4,490 children at school).

The total number of school meals served during 1956 was 1,736,879, compared with 1,606,439 during 1955.

In December, 1956, meals were being cooked at 23 Brighton schools and at one central kitchen.

**DENTAL REPORT**

Mr. D. Mackay, the Principal School Dental Officer, reports:—

During the year the work of the department was carried out by five full-time dental surgeons.

The treatment of expectant and nursing mothers and children under school age was done during one session weekly, reserved by each dentist for the care of these patients; all the other sessions were devoted to the inspection and treatment of children attending the Primary and Secondary schools together with scholars of the Varndean Grammar Schools.

The dental education of children and parents assumes a place of ever increasing importance in the work of every school dental officer. Chairside talks with mothers and their children during treatment are of great practical value in the field of prevention. To remove badly decayed teeth or restore a carious tooth with a filling without adding a few words of kindly advice means that a timely opportunity has been lost. Similarly the cleansing of a neglected mouth or the polishing of teeth disfigured by greenstain provides the dentist with a chance to encourage patients who have been neglectful. These attentions to hygiene often give young patients a new interest in their appearance and oral health. Within the limits of our present knowledge, parents and older children are told the reason why teeth decay. How the bacteria normally present in all our mouths act on any scraps of food lodged on or between the teeth and produce an acid which dissolves the tooth enamel and allows the under layer of dentine to become infected. Briefly and simply they are told that soft, sticky cakes, buns and sweets are the worst offenders. How a certain way of lessening tooth decay is to brush the teeth after meals; when brushing is not possible a good rinse with cold water will help, since this effectively reduces the sugar content of the saliva.

We are frequently asked about toothpastes and toothpowders, these are useful aids in so far as they help the toothbrush to do the mechanical job of cleansing and polishing the teeth. Where children are concerned it is a good idea to seek their help in the selection of a powder or paste with a flavour to their taste. Then the regular cleansing of the mouth is more likely to be carried out without supervision. The proper and regular use of the brush is more important than the kind of paste or powder which goes on the brush. All brands of toothpastes and powders in this country are harmless effective cleansers and may safely be chosen according to preference. Soap and sodium bicarbonate are also dentally satisfactory, but are less palatable and more messy substitutes. With children allow for a change of flavour from time to time to stimulate interest and help turn what is often regarded as a task into a pleasant and necessary activity. Many extravagant claims are made suggesting that certain preparations have chemical actions which prevent dental decay. These claims are not yet considered by dentists generally, to be justified and therefore need not influence selection.

During the year 16,781 school children were examined at the routine dental inspections and 11,115 were found to require treatment. The number of children referred for routine treatment at the central and branch clinics was 7,960. The total number of children treated was 6,017 and 14,749 attendances (4,422 of them at the branch clinics) were made by these patients for treatment.

The number of children with irregular teeth who were treated by extraction was 139; 48 temporary and 155 permanent teeth were removed to remedy overcrowding. In addition 38 deformities requiring the use of apparatus were treated and 43 appliances were fitted to correct alignment of the teeth of these patients; other children requiring prolonged treatment over a period of years were referred to the Orthodontist at the Royal Alexandra Hospital. Close co-operation is maintained between the two services and specialist advice is available when required for cases treated in our own clinics.

X-rays were taken for 123 dental patients and 24 for orthopaedic cases as aids to diagnosis.

The members of the staff wish me to convey their thanks to all head teachers and teachers for their co-operation and kindly help throughout the year.



## INFANT WELFARE CENTRES

1. PATCHAM  
Mackie Hall, Mackie Avenue
2. BEVENDEAN  
Church Hall, Heath Hill Avenue
3. HOLLINGDEAN  
St. Richard's Church Hall, The Crossway
4. MOULSECOOMB  
Moulsecoomb Villas
5. FLORENCE ROAD  
Baptist Church Hall
6. DYKE ROAD  
St. Luke's Church Hall, Exeter Street
7. WOODINGDEAN  
Methodist Church Hall, The Ridgway
8. SUSSEX STREET  
The School Clinic
9. HOLLINGBURY  
Church Hall, Lyminster Avenue
10. WHITEHAWK  
The Clinic, Whitehawk Avenue
11. COLDEAN  
The Barn Church, Coldean Lane
12. LEWES ROAD  
Congregational Church Hall
13. ROTTINGDEAN  
Public Hall, Park Road
14. SALTDEAN  
St. Nicholas' Church Hall, Saltdean Vale

## POPULATION DENSITY

UNDER 60 PERSONS PER NET ACRE

60 TO 120 " " " "

OVER 120 " " " "

